

# APPLICATION FOR PERMIT TO DEMOLISH A BUILDING

CITY OF CLAY, ALABAMA, INSPECTIONS SERVICES DEPT.  
P.O. BOX 345, CLAY, AL 35048 PHONE 680-1223

PERMIT NO. \_\_\_\_\_

BUS. LIC. NO. \_\_\_\_\_

Proof of compliance with Health Department regulation for proper abandonment of any septic tank shall be required, when applicable. All utility services shall be disconnected, prior to work.

**FEE: \$60.00**

1. BUILDING ADDRESS: \_\_\_\_\_

2. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

2. LEGAL DESCRIPTION: LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SURVEY \_\_\_\_\_

PARCEL I.D. \_\_\_\_\_ CENSUS TRACT: \_\_\_\_\_

3. TYPE CONSTRUCTION:  I  II  III  PROTECTED  
 IV  V  VI  UNPROTECTED

4. TYPE OCCUPANCY:  ASSEMBLY  BUSINESS  EDUCATIONAL  FACTORY / INDUSTRIAL  
 HAZARD  INSTITUTIONAL  MERCANTILE  RESIDENTIAL  STORAGE

5. DIMENSIONS OF BUILDING: WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ NO. STORIES \_\_\_\_\_

6. A DETAILED PLAN SHOWING THE BUILDING TO BE DEMOLISHED WITH RELATION TO ALL ADJACENT STREETS, SIDEWALKS, ALLEYS AND PUBLIC WAYS MUST ACCOMPANY THIS APPLICATION.

— For this purpose the reverse side of this application may be used —

7. ARE ANY OTHER BUILDINGS OR PORTIONS THEREOF DEPENDENT ON THIS STRUCTURE FOR SUPPORT OR STABILITY?  YES  NO IF YES, WHAT STEPS HAVE BEEN TAKEN TO INSURE ADEQUATE STRUCTURAL STABILITY IN THE REMAINING BUILDING, BUILDINGS OR PORTIONS THEREOF?

— Attach detailed statement and / or drawings and specifications —

8. IF THE BUILDING TO BE DEMOLISHED EXCEEDS ONE STORY IN HEIGHT AND IS LOCATED LESS THAN 10 FEET, OR LESS THAN 1/4 OF THE HEIGHT OF THE BUILDING FROM ANY STREET OR ALLEY, OR WHEN THE DISTANCE FROM A ONE-STORY BUILDING TO ANY STREET OR ALLEY IS LESS THAN 1/2 THE HEIGHT OF THE BUILDING, A SCALED AND DETAILED PLAN INDICATING THE METHOD OF PROTECTION TO SAID PUBLIC PROPERTY SHALL ACCOMPANY THIS APPLICATION.

9. PLUMBING PERMIT FOR CAPPING OF SEWER: PERMIT NO. \_\_\_\_\_

10. HAVE ALL UTILITY SERVICES BEEN DISCONNECTED BY THE RESPECTIVE UTILITY COMPANIES?

YES  NO

IF NO, WILL UTILITY SERVICES BE DISCONNECTED PRIOR TO START OF DEMOLITION WORK?  YES  NO

COMMENTS \_\_\_\_\_

11. NAME OF CORPORATE SURETY FURNISHING DEMOLITION BOND

A.  THE DEMOLITION OF THE STRUCTURE IS COVERED BY A \$5,000 SURETY BOND FOR THIS DEMOLITION ONLY

B.  THE DEMOLITION OF THIS STRUCTURE IS COVERED BY AN ANNUAL OR BLANKET BOND IN THE AMOUNT OF

\$ \_\_\_\_\_ IF BOX "B" IS CHECKED, COMPLETE ITEM "C"

C. DATE OF BOND \_\_\_\_\_ DATE OF BOND RENEWAL \_\_\_\_\_ DATE BOND EXPIRES \_\_\_\_\_

— see back —

12. CERTIFICATE OF LIABILITY AND PROPERTY DAMAGE INSURANCE POLICY ATTACHED:  YES  NO

13. CERTIFICATE OF WORKMAN'S COMPENSATION POLICY ATTACHED:  YES  NO

— Both certificates must be provided prior to permit approval —

OWNER		
NAME _____		
ADDRESS _____		
CITY / STATE / ZIP _____		
PHONE _____		
HOW IS BLDG TO BE DOMOLISHED		
BY DAY LABOR <input type="checkbox"/>	BY CONTRACTOR <input type="checkbox"/>	BY OWNER <input type="checkbox"/>
NAME _____		
ADDRESS _____		
CITY / STATE / ZIP _____		
PHONE _____		

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION AND ALL ACCOMPANYING DATA IS TRUE AND CORRECT AND I AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING THE DEMOLITION OF BUILDINGS.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OWNER OR AUTHORIZED AGENT

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**DO NOT WRITE BELOW THIS LINE**

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED BUILDING HAS BEEN SATISFACTORILY DEMOLISHED, THAT ALL BASEMENT OR CELLARS HAVE BEEN FILLED AND THE PREMISES CLEARED OF ALL DEBRIS.

NOTES: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_