

Application for Residential Building Permit

City of Clay, Alabama, Inspections Services Department
 P.O. Box 345, Clay, AL 35048 Phone: 680-1223

\$7.00 Per \$1,000 of Appraisal Value or \$80.00 per Square Feet of Living Space, whichever is greater, plus

BASE FEE: \$250.00
 ISSUANCE FEE: \$25.00

RESIDENTIAL BLDG. PERMIT NO. _____

BUS. LIC. NO. _____

ZONING APPROVAL: _____

SEWER: _____

BONDED STREET: _____

PARCEL I.D. _____

Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans and / or specification and submitted herewith.

Has Developer or Owner paid the Community Investment Fee

Yes No

APPLICANT	NAME _____	Site Location	ADDRESS _____
	ADDRESS _____		LEGAL DESCRIPTION _____ Lot _____ Block _____
	CITY _____ STATE _____ ZIP _____		Survey _____
	PHONE _____		Section _____ Township _____ Range _____
	PROVIDE LICENSE NUMBERS:		
	JEFFERSON COUNTY _____		
	ALABAMA _____		

Description of Work	Work Classified	Size, Etc.	OCCUPANCY
	<input type="checkbox"/> New Construction	Area Per Floor _____	<input type="checkbox"/> Single
	<input type="checkbox"/> Addition	Number of Stories _____	<input type="checkbox"/> Townhouse
	<input type="checkbox"/> Alterations	Basement _____	<input type="checkbox"/> Duplex Dwelling Units _____
	<input type="checkbox"/> Structural Repair	1st Floor _____	<input type="checkbox"/> Hotel Sleeping Units _____
	<input type="checkbox"/> Relocate	2nd Floor _____	<input type="checkbox"/> Garden Home Sleeping Units _____
	<input type="checkbox"/> Other (Specify) _____	Living Area _____	<input type="checkbox"/> Lodging House Sleeping Units _____
			<input type="checkbox"/> Apartments Sleeping Units _____
			<input type="checkbox"/> Condominiums Sleeping Units _____
			<input type="checkbox"/> Other (Specify) Sleeping Units _____

Type Heat To Be Provided:	Gas _____ Electric _____ Other _____	Owner	NAME _____
	Will Building or Premises Include		ADDRESS _____
	Automatic Sprinkler System* Yes No _____		CITY _____ STATE _____
	Air Conditioning _____		PHONE _____ ZIP _____
	Elevators _____ Number _____	Drawn by	____ Architect ____ Engineer ____ Designer
	Add \$50.00 per elevator _____ Specify _____		NAME _____
	Accessory Structures _____ Specify _____	ADDRESS _____	
	Included In General Contract Yes No	CITY _____ STATE _____	
	*If yes, you must fill out a Sprinkler Permit <input type="checkbox"/> <input type="checkbox"/>	PHONE _____ ZIP _____	
		State of Alabama Registration # _____	

Certification	Cost of Home Figured	Cost based on value	\$	RE-INSPECTION FEES	
	\$ _____	+ Base Fee	\$		
	Base Fee is \$250.00 It is \$300.00 if contract cost is \$100,000 or more for apartments or townhomes.	+ Issuance Fee	\$		25.00
		+ Elevators	\$		
		Total Permit Fee	\$		
				First Re-inspection on each jobsite \$25.00	
				Second Re-inspection on each jobsite \$30.00	
				All additional Re-inspections on each jobsite \$50.00	

HEREBY CERTIFY: that I have read this application and that all information continued herein is true and correct, that I agree to comply with all City ordinances and state laws regulating building construction, that I am the owner or authorized to act as the owner's agent for the herein described work, and that this total contract or valuation is:

Name of Company _____

Signature _____ Date _____