

CITY OF CLANTON

PO BOX 580 CLANTON AL 35046 205-755-6840 FAX 205/755-6799

BUILDING DEPARTMENT – APPLICATION FOR COMMERCIAL PERMIT

THE UNDERSIGNED RESPECTFULLY MAKES APPLICATION TO CONSTRUCT OR REMODEL A COMMERCIAL, INDUSTRIAL OR MULTIFAMILY STRUCTURE. PLEASE COMPLETE ALL SECTIONS OF THE FOLLOWING COMMERCIAL BUILDING APPLICATION AND RETURN WITH TWO FULL SIZE COPIES OF THE CONSTRUCTION PLANS, SITE PLANS, LANDSCAPING PLANS, AND EROSION CONTROL PLANS.

NEW CONSTRUCTION [] RE-MODEL [] ADDITION [] ACCESSORY STRUCTURE [] OTHER _____

NAME OF PROJECT: _____

PROJECT ADDRESS: _____

ZONING CLASSIFICATION: _____

OWNER: _____ CONTRACTOR: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

CELL PH: _____ CELL: _____

OFFICE : _____

DESCRIPTION OF WORK: _____

CONTRACTORS CITY LIC: # _____ GENERAL CONTRACTORS LIC: # _____

FINISHED FLOOR AREA: _____ UNFINISHED FLOOR AREA: _____ TOTAL: _____

TYPE OF SEWAGE DISPOSAL: SANITARY SEWER [] SEPTIC SYSTEM [] (INCLUDE COPY OF HEALTH DEPT. PERMIT)

NUMBER OF BUILDINGS: _____ NUMBER OF STORIES: _____

BUILDING CLASSIFICATION: _____ ASSEMBLY GROUP: _____

CONSTRUCTION CLASSIFICATION: _____ SPRINKLER SYSTEM: Y / N SYSTEM REQUIRED: Y / N

HEIGHT OF BUILDING AT TALLEST POINT: _____ FOUNDATION TYPE: _____

LAND DISTURBANCE PERMITS: _____ ALDOT PERMITS: _____

ELECTRICAL SERVICE PROVIDER: _____

SERVICE ENTRANCE: UNDERGROUND [] OVERHEAD [] STANBY GENERATOR YES [] NO []

MECH. CONTR.: _____ ST LIC# _____ CITY LIC# _____

PLBG. CONTR.: _____ ST LIC# _____ CITY LIC# _____

ELEC. CONTR.: _____ ST LIC# _____ CITY LIC# _____

ROF. CONTR.: _____ ST LIC# _____ CITY LIC# _____

VALUATION OF PROJECT (CONTRACT PRICE): \$ _____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE. IF ANY PORTION OF THIS INFORMATION, EITHER INTIONALLY OR UNINTIONALL IS FALSE OR IS A MISREPRESENTATION OF THE MATERIAL FACTS, THE PERMIT OR PROCESS GRANTED WILL BE VOID. I FURTHER CERTIFY THAT IF I AM NOT THE OWNER, I HAVE PROPE AUTHORIZATON FROM THE OWNER TO ACT AS REPRESENTATIVE ON HIS/HER BEHALF AND THAT I MAY BE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION OF SUCH AUTHORIZATION TO TH CITY OF CLANTON.

SIGNATURE (APPLICANT) DATE

SIGNATURE (BUILDING OFFICIAL) DATE

DO NOT WRITE BELOW LINE

FOR OFFICE USE ONLY

CITY PERMIT FEE: \$ _____

STATE OF ALABAMA CICT FEE: \$ _____

ACT No. 2015-308/one dollar (\$1.00) per one thousand (\$1,000) dollars for "VALUATION OF PROJECT"

PERMIT NO: _____ TOTAL FEE: \$ _____