



City of Vestavia Hills, Alabama Commercial Building Permit Application

DATE SUBMITTED
PERMIT NO.

LOCATION OF PROJECT	SUBDIVISION	LOT	PARCEL ID #	ZONING
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TYPE OF IMPROVEMENT

<input type="checkbox"/> CN - New Building	<input type="checkbox"/> CD - Demolition	<input type="checkbox"/> Window Replacement
<input type="checkbox"/> CA - Building Addition	<input type="checkbox"/> FD - Foundation Only	<input type="checkbox"/> AS - Accessory Structure
<input type="checkbox"/> CB - Commercial Buildout	<input type="checkbox"/> MO - Moving	<input type="checkbox"/> Other _____
<input type="checkbox"/> CR - Building Renovation	<input type="checkbox"/> FE - Fence	<input type="checkbox"/> _____
<input type="checkbox"/> CR2 - Roofing/Siding	<input type="checkbox"/> RW - Retaining Wall	

PROPOSED CONSTRUCTION

<input type="checkbox"/> Assembly	<input type="checkbox"/> Institutional
<input type="checkbox"/> Business	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Educational	<input type="checkbox"/> Residential
<input type="checkbox"/> Factory & Industrial	<input type="checkbox"/> Storage
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Utility & Misc.

I hereby certify the following information and agree to provide addendum prior to final inspection

ELECTRICIAN _____ \$ _____

PLUMBER _____ \$ _____

GAS FITTER _____ \$ _____

MECHANICAL _____ \$ _____

IRRIGATION _____ \$ _____

FIRE SPRINKLER _____ \$ _____

OTHER _____ \$ _____

DESCRIPTION OF WORK _____

IS THE PROPERTY LOCATED IN THE FLOOD PLAIN?
 Yes No

SELECTED CHARACTERISTICS OF BUILDING

TYPE OF FOUNDATION <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Pier	CONSTRUCTION TYPE _____ <input type="checkbox"/> Protected <input type="checkbox"/> Sprinklered NUMBER OF OFF-STREET PARKING SPACES: _____ Enclosed _____ Outdoors	DIMENSIONS _____ # of stories _____ Height of structure _____ Total SF of all floors based on exterior dimensions _____ Total land area in SF	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic Tank PRINCIPAL TYPE OF HEAT <input type="checkbox"/> Electric <input type="checkbox"/> Gas
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IDENTIFICATION - To be completed by applicants

	NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE
OWNER				
CONTRACTOR				OFFICE: CELL:
ARCHITECT				

I HEREBY CERTIFY: THAT I HAVE READ THIS APPLICATION AND ALL INFORMATION CONTAINED 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 CONTRACTOR TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK; AND, THAT THE TOTAL CONTRACT OR VALUATION IS:

CONTRACT COST \$ _____ NAME OF COMPANY _____ LICENSE # _____

DATE _____ SIGNATURE _____ PRINT NAME _____
By Owner or Contractor

FOR OFFICE USE ONLY

PLANS EXAMINER _____ <small>INITIALS DATE/TIME REVIEWED</small> FIRE MARSHAL _____ <small>INITIALS DATE</small>	ZONING DESIGNATION _____ SETBACKS: Front _____ Rear _____ Left Side _____ Right Side _____
PLANS EXAMINER NOTES: _____ _____ _____	VARIANCE CASE _____ <small>NUMBER DATE</small>
FIRE MARSHAL NOTES: _____ _____	PLAN REVIEW FEE _____