



FULTONDALE MISCELLANEOUS PERMIT

1015 Old Walker Chapel Road/ P. O. Box 699

Fultondale, Alabama 35068

(205) 841-8306 – FAX (205) 423-6792

**PERMIT AMOUNT BASED ON JOB COST: \$ 20.00 (minimum) 1,000 or less +
\$ 7.00 for each additional 1,000 or a fraction thereof.**

| PERSON, FIRM, OR CORPORATION MAKING APPLICATION | | |
|--|-----------------------|-------------------|
| NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| LICENSE NUMBERS: | | |
| CITY OF FULTONDALE | STATE OF ALABAMA | |
| JOB LOCATION & ETC. | | |
| ADDRESS: | | |
| NUMBER OF STORIES: | TYPE OF CONSTRUCTION: | OCCUPANCY OR USE: |
| DESCRIPTION OF WORK | | |
| ACCURATELY DESCRIBE WORK TO BE DONE: | | |
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| | | |
| | | |
| DO NOT WRITE IN THIS SPACE | | |
| RESTRICTIONS, IF ANY: | | |
| | | |
| OWNER | | |
| NAME OF OWNER: | | |
| ADDRESS: | | |
| CITY: | STATE: | PHONE: |
| CERTIFICATION | | |
| I HEREBY CERTIFY: THAT I HAVE READ THIS APPLICATION AND THAT 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 AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK: AND, THAT THE TOTAL CONTRACT OR VALUATION IS: | | |
| AMOUNT \$ | NAME OF COMPANY: | |
| SIGNATURE BY OWNER OR AUTHORIZED AGENT: | | DATE: |