

**CITY OF FULTONDALE
INSPECTIONS DEPT.**
1015 Old Walker Chapel Rd, P. O. Box 699, Fultondale, Alabama 205-841-8306

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING

Number & Street	Subdivision	Lot	Zoning
Parcel ID Number		Section	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - E

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3. <input type="checkbox"/> Alteration (See 2 above)</p> <p>4. <input type="checkbox"/> Repair, replacement</p> <p>5. <input type="checkbox"/> Demolition (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6. <input type="checkbox"/> Moving (relocation)</p> <p>7. <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE – For “Demolition”, most recent use:</p> <table style="width:100%;"> <tr> <td style="width:50%;"><i>Residential</i></td> <td style="width:50%;"><i>Non-Residential</i></td> </tr> <tr> <td>12. <input type="checkbox"/> One family</td> <td>18. <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13. <input type="checkbox"/> Two or more family – Enter Number of units here _____</td> <td>19. <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14. <input type="checkbox"/> Transient hotel, motel or dormitory – Enter number of units here _____</td> <td>20. <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15. <input type="checkbox"/> Garage</td> <td>21. <input type="checkbox"/> Parking Garage</td> </tr> <tr> <td>16. <input type="checkbox"/> Carport</td> <td>22. <input type="checkbox"/> Service Station, repair garage</td> </tr> <tr> <td>17. <input type="checkbox"/> Other...Specify _____ _____</td> <td>23. <input type="checkbox"/> Hospital, Institutional</td> </tr> <tr> <td></td> <td>24. <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25. <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26. <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27. <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28. <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29. <input type="checkbox"/> Other – specify _____</td> </tr> </table>	<i>Residential</i>	<i>Non-Residential</i>	12. <input type="checkbox"/> One family	18. <input type="checkbox"/> Amusement, recreational	13. <input type="checkbox"/> Two or more family – Enter Number of units here _____	19. <input type="checkbox"/> Church, other religious	14. <input type="checkbox"/> Transient hotel, motel or dormitory – Enter number of units here _____	20. <input type="checkbox"/> Industrial	15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking Garage	16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service Station, repair garage	17. <input type="checkbox"/> Other...Specify _____ _____	23. <input type="checkbox"/> Hospital, Institutional		24. <input type="checkbox"/> Office, bank, professional		25. <input type="checkbox"/> Public utility		26. <input type="checkbox"/> School, library, other educational		27. <input type="checkbox"/> Stores, mercantile		28. <input type="checkbox"/> Tanks, towers		29. <input type="checkbox"/> Other – specify _____
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FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 per \$1,000):

Total Construction Cost: _____

<p>B. OWNERSHIP</p> <p>8. <input type="checkbox"/> Private (individual, corporation non-profit institution, etc.)</p> <p>9. <input type="checkbox"/> Public (Federal, State, Local Government)</p>	<p>E. IS THE PROPOSED CONSTRUCTION OR DEVELOPMENT IN A SPECIAL FLOOD HAZARD AREA? YES _____ NO _____</p> <p>If yes, complete an Application for Permit to Develop in a Special Flood Hazard area.</p>	
<p>C. COST</p> <p>10. <input type="checkbox"/> Cost of improvement. <i>To be installed but not included in the above cost.</i></p> <p style="margin-left: 20px;">a. Electrical</p> <p style="margin-left: 20px;">b. Plumbing</p> <p style="margin-left: 20px;">c. HVAC/Mechanical.</p> <p style="margin-left: 20px;">d. Other (elevator, etc.).</p> <p>11. TOTAL COST OF IMPROVEMENT \$</p>	<p>Omit Cents</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe in detail work being permitted:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

III. SELECTED CHARACTERISTICS OF BUILDING –
For new buildings and additions, complete Parts E – L; for Demo complete only Part J; for all others, skip to IV.

<p>F. PRINCIPAL TYPE OF FRAME</p> <p>30. <input type="checkbox"/> Masonry (wall bearing)</p> <p>31. <input type="checkbox"/> Wood Frame</p> <p>32. <input type="checkbox"/> Structural steel</p> <p>33. <input type="checkbox"/> Reinforced concrete</p> <p>34. <input type="checkbox"/> Other – Specify _____</p>	<p>I. TYPE OF WATER SUPPLY</p> <p>40. <input type="checkbox"/> Public or private company</p> <p>41. <input type="checkbox"/> Individual (well, cistern)</p>	<p>L. DIMENSIONS</p> <p>46. Number of stories. _____</p> <p>47. Total square feet of floor area, all floors, based on exterior dimensions. _____</p> <p>48. Total land area, Sq. Ft. . . . _____</p>
<p>G. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Electricity</p> <p>37. <input type="checkbox"/> Other – Specify _____</p>	<p>J. ELEVATOR...</p> <p>Will there be an elevator?</p> <p>42. <input type="checkbox"/> Yes 43. <input type="checkbox"/> No</p>	<p>M. NUMBER OF OFF-STREET PARKING SPACES</p> <p>49. Enclosed. _____</p> <p>50. Outdoors. _____</p>
<p>H. TYPE OF SEWAGE DISPOSAL</p> <p>38. <input type="checkbox"/> Public or private company</p> <p>39. <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>K. LOW VOLTAGE...</p> <p>Will there be a fire/burglar alarm or lawn sprinkler/irrigation system?</p> <p>44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No</p>	<p>N. RESIDENTIAL BUILDINGS ONLY</p> <p>51. Number of Bedrooms _____</p> <p>52. Number of Bathrooms. _____</p> <p style="margin-left: 40px;">a. Full _____</p> <p style="margin-left: 40px;">b. Partial _____</p> <p>TOTAL NUMBER OF ROOMS IN HOUSE: _____</p>

IV. IDENTIFICATION – To be completed by all applicants...

1. Owner of Building	<u>Name</u>	<u>Mailing Address – Number, Street, City, State & Zip Code</u>	<u>Phone No.</u>
2. Contractor			
3. Architect			

The owner of this building and the undersigned agree to conform to all applicable laws of THE CITY OF FULTONDALE.

Signature of Applicant Address Application Date

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

<u>Building Code Official</u>			
Approved By:	Permit Fee	Date Permit Issued	Permit Number

Building Permit shall expire if no construction work has been performed within [6] months or work has been idle for [6] months.