

*THIS IS NOT A PERMIT
DO NOT START CONSTRUCTION*

City of Pell City

Residential Building Permit Application

1905 First Avenue North
Pell City, AL 35125
(205) 338-2244
(205) 814-9088- Fax



Residential Permit Application

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DO NOT START CONSTRUCTION***

RESIDENTIAL BUILDING PERMIT

If you are constructing a new single family structure, an addition, or a renovation of a single family residential structure you are required to complete ***all sections*** of the attached Residential Building Permit Application. Once completed, return the application package to the **Planning and Zoning Department along with all drawings in accordance with IBC.**

Unless there are some unusual circumstance surrounding an application, completed applications submitted prior to 2:00 p.m., Monday through Thursday, should be ready to collect within a minimum of 24 hours after submittal. Applications submitted on Fridays will be ready the following Tuesday.

All permit fees will be due at the time you collect your permit. The total fees due upon collection of the permit will generally include all permit fees due from the Building Inspection, Planning and Zoning, Engineering, and Water Departments. The fees do not include Business License fees. A Business License can be obtained through the Revenue Department at City Hall.

If you have any questions, please do not hesitate to contact City Hall at (205)338-2244.

NOTE TO APPLICANT: Application will not be processed until all required information is provided and applicant signs application.

This permit becomes null and void if authorized work or construction has not begun within six months of issuance of permit, or if work is not completed within one year.

Date of Application: _____ Permit No.: _____

City Limits () Police Jurisdiction ()

Project Street Address: _____ Zip: _____

Parcel No.: _____

Subdivision and Lot No.: _____

Owner/Tenant: _____

Address: _____

Phone No: _____ Cell No: _____

General Contractor: _____

Phone: _____ Cell No: _____

Address: _____

City Lic. No: _____ State Lic. No: _____

Full Estimated Valuation: \$ _____ Building Use: _____

Description of Work: _____

Class of Work: New () Addition () Alteration () Raze ()
Repair () Accessory () Remodel () Storage ()

of Floors _____ # of Bedrooms _____ # of Bathrooms _____

Square footage:

1st & 2nd Floor: Total Heated area _____ Total Unheated Area _____

Basement: Total Heated Area _____ Total Unheated Area _____

Attached Garage _____ TOTAL SQ. FT. _____

Occupancy Type: R-1 R-2 R-3 R-4

Occupancy Load: _____

Construction Type: IA IB IIA IIB IIIA IIIB IV VA VB

Foundation: Slab on Grade () Monolithic () Crawl Space ()

Sewer Service: City () Septic Tank ()

Water Service: City () Rural-please specify _____

SUB-CONTRACTORS SCHEDULE

DATE: _____

PERMIT NO: _____

A completed copy of this schedule must be presented to the **BUILDING DEPARTMENT WITHIN 15 DAYS OF THE ISSUANCE OF THE BUILDING PERMIT**. Should the builder add any subcontractor to the project, the builder will submit the subcontractor's name, address and phone number to the City within three working days of hiring. It is the contractor's responsibility to notify the BUILDING DEPARTMENT of any changes from the original. **ALL SUBCONTRACTORS MUST HAVE A CITY OF PELL CITY BUSINESS LICENSE BEFORE WORK IS COMMENCED.**

City Lic. No.	TYPE OF SUB CONTRACTOR	NAME & ADDRESS	PHONE NO.
	SITE GRADING		
	FOOTINGS		
	CONCRETE		
	SEPTIC TANK		
	BLOCK/BRICK		
	OTHER MASONRY		
	DRIVIT		
	FRAMER		
	TRIM WORK		
	ELECTRICAL (Will need to pull permit)		
	PLUMBING (Will need to pull permit)		
	HVAC (Will need to pull permit)		
	SHEETROCK		
	ROOFER		
	INSULATION		
	CABINETS		
	CERAMIC TILE		
	PAINT / WALLPAPER		
	GLASS		
	CARPET / VINYL / HARDWOOD		
	LANDSCAPING		
	GARAGE DOOR		
	ALARM SYSTEM		
	SIDING/GUTTERS		
	WATERPROOFING		
	TERMITE CONTROL		
	OTHER		

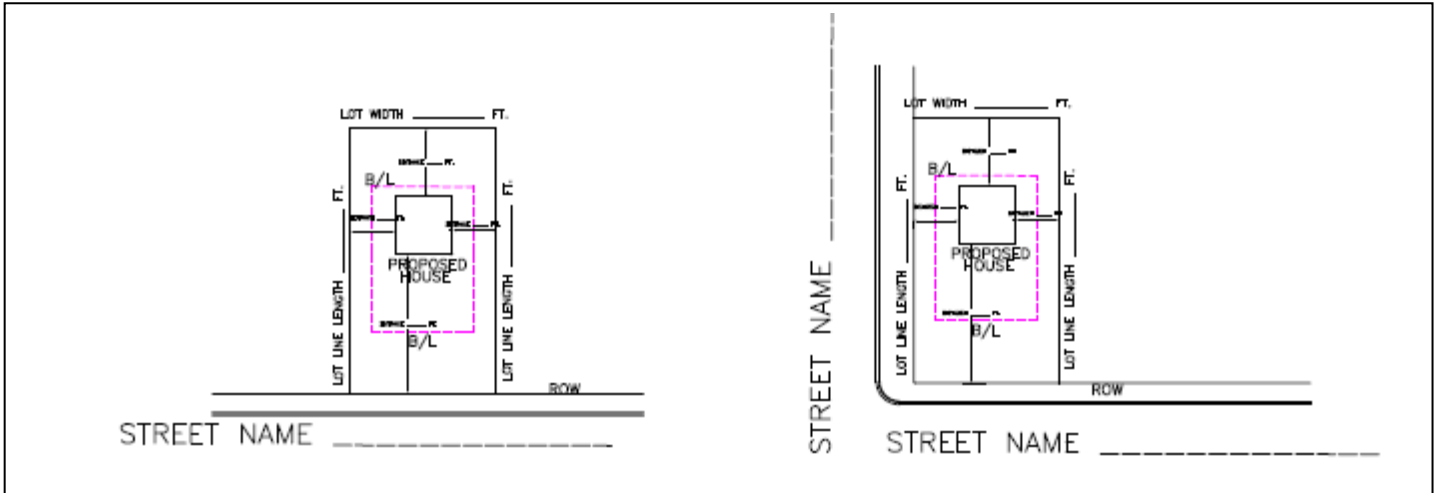
Setbacks: Front Yard Setback _____
 Rear Yard Setback _____

Side Yard Setback _____
 Side Yard Setback _____

Please choose Diagram A or B and Complete the following: Dimension/length of property lines, distance from building to property lines, show any easements, sketch driveway location, etc. If neither A or B is applicable, please supply additional diagram.

A. Typical Interior Lot

B. Typical Corner Lot



NOTICE - PROPOSED CONSTRUCTION SHALL MEET ALL APPLICABLE CODES

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this work shall be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of the construction. I also hereby agree to adhere to the erosion and sediment control plan approved by the City for this project for the entire period of the project including regular maintenance of erosion control devices. I understand that violations may result in fines, imprisonment, and/or legal action against me. All correspondence, notice, and citations will be received by me at the above address.

 Signature of Contractor of Authorized Agent

 Date

Exemption from Homebuilders License: I hereby certify that as owner/contractor, the structure at the above address will be used as my primary place of residence. Said structure is not being built to sell or rent.

 Signature of Owner

 Date

We appreciate the opportunity to assist you throughout the permitting and building process. Please call on us with questions or if you need additional information.

Thank You,

Larry Riggins
 Building Inspector
 (205) 338-2244 ext. 108

Jeanette Jueckstock
 Planning & Zoning Administrator
 (205) 338-2244 ext. 112

FOR OFFICE USE ONLY

**CITY OF PELL CITY
RESIDENTIAL/COMMERCIAL PERMIT
ROUTING FORM**

Applicant Name: _____
Project Address: _____
Permit Fees: _____

Planning: Zone: _____ Site Plan Review: Yes () No () Date Approved _____ \$ _____

Comments: _____

Approved By: _____ Date: _____ Time: _____

Engineering: Flood Hazard: Yes () No () FFE: _____ Basements: Yes () No ()
Cut: Yes () No () Fill: Yes () No () Fill Amt: _____
Estimated Cost of Erosion Control Measures: \$ _____ Land Disturbance \$ _____
Bond Amount (150%): \$ _____ (must accompany application)

Comments: _____

Approved By: _____ Date: _____ Time: _____

Building Inspector: Building: _____ Electrical: _____
Mechanical: _____ Plumbing: _____
Demolition: _____ Pool: _____

Comments: _____

Approved By: _____ Date: _____ Time: _____

Total Building Permit Fees: \$ _____

Check Number: _____

Cash: _____

Received By: _____

Water & Sewer Fees:

COMMERCIAL () Meter Deposit Fee \$ _____
RESIDENTIAL () Sewer Impact Fee: Fee \$ _____
Sewer Tap Connection Fee: Fee \$ _____
Water Capital Recovery Fee: Fee \$ _____
Meter Fee: Meter Size _____ Fee \$ _____
Other Fee: Fee \$ _____

Comments: _____

Approved By: _____ Date: _____ Time: _____

Total Water & Sewer Fees: \$ _____

Check Number: _____

Cash: _____

Received By: _____