

*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

***THIS IS NOT A PERMIT  
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.**

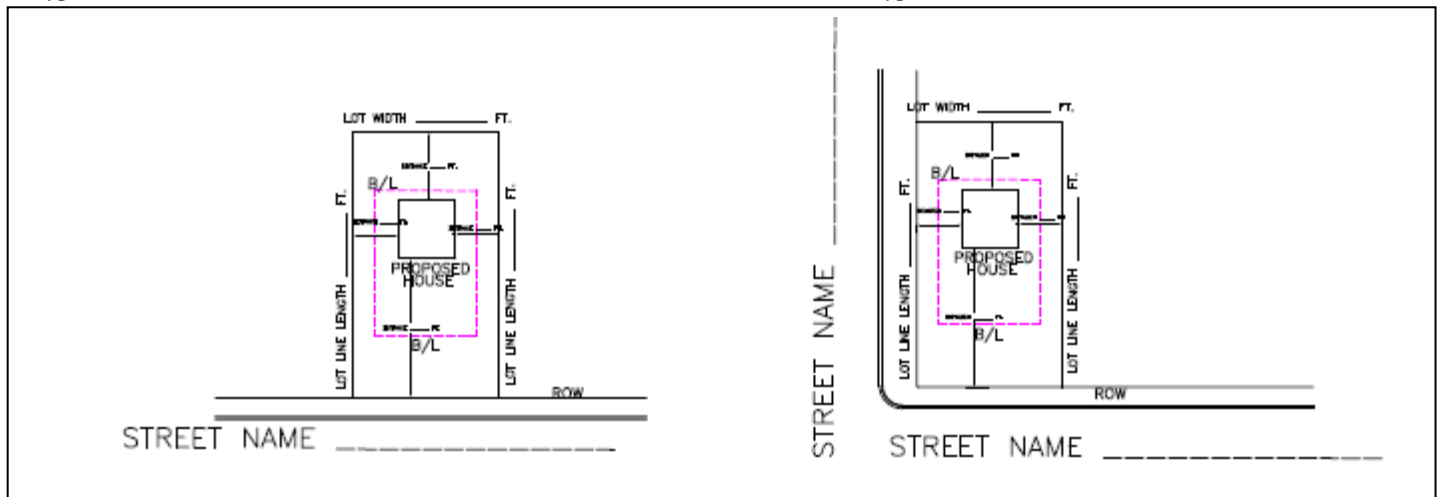
City Lic. No.	TYPE OF SUB CONTRACTOR	NAME & ADDRESS	PHONE NO.
	SITE GRADING		
	FOOTINGS		
	CONCRETE		
	SEPTIC TANK		
	BLOCK/BRICK		
	OTHER MASONRY		
	DRIVIT		
	FRAMER		
	TRIM WORK		
	ELECTRICAL (Will need to pull permit)		
	PLUMBING (Will need to pull permit)		
	HVAC (Will need to pull permit)		
	SHEETROCK		
	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 \_\_\_\_\_ Side Yard Setback \_\_\_\_\_  
 Rear 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,

Kenny Boyd  
 Building Inspector  
[kboyd@cityofpellcity.net](mailto:kboyd@cityofpellcity.net)  
 (205) 338-2244 ext. 108

Jeanette Jueckstock  
 Planning & Zoning Administrator/GIS Specialist  
[jjueckstock@cityofpellcity.net](mailto:jjueckstock@cityofpellcity.net)  
 (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** Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Grading/Excavating: \_\_\_\_\_ Sign: \_\_\_\_\_

**Inspector:** Mechanical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Demolition: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Total Building Permit Fees:** \$ \_\_\_\_\_

Received By: \_\_\_\_\_ Check Number: \_\_\_\_\_

### Water & Sewer Fees

Commercial ( ) Industrial ( )  
Residential ( ) Mobile Home ( )

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed By Water & Sewer Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Municipal Consultants: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Utility Deposit Fee	-
Meter Fee (size _____)	-
Water Inspection Fee	-
Water Capital Recovery Fee (WCF)	-
Sewer Impact Fee (SIF)	-
Sewer Tap Inspection Fee	-
Other Fee _____	-
	-
<b>Total Water &amp; Sewer Fees</b>	<b>_____</b>

Payment Received By: \_\_\_\_\_

Check Number: \_\_\_\_\_

\*\*\*\*\*

**Plans reviewed and approved by Departments and City Engineers prior to issuing a Permit**

Fire Department

Date: \_\_\_\_\_

CDG Engineers \_\_\_\_\_

Water/Sewer Department

Date: \_\_\_\_\_

Municipal Consultants \_\_\_\_\_

Street Department

Date: \_\_\_\_\_

Other \_\_\_\_\_