

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark blanks where applicable.

FILE NUMBER: _____

Part 1. LOCATION OF BUILDING

Number and Street _____

Other Locations _____ Subdivision _____ Lot _____ Zone _____

Is the proposed development in an identified floodway? Yes No If yes, has a no-rise certification been obtained and attached? Yes No

PART II. TYPE AND COST OF BUILDING - All applicants are required to complete Parts A-D

A. TYPE OF IMPROVEMENT

- New Building
- Addition (If residential, enter number of new housing units added, if any in part D)
- Alteration (See Addition above)
- Repair, replacement
- Wrecking (If multifamily residential, enter number of units in building in Part D)
- Moving (relocation)
- Foundation only

B. OWNERSHIP

- Private (Individual, corporation, nonprofit institutions, etc.)
- Public (Federal, State or local government)

C. COST

Cost of Improvement: _____
To be installed but not included in the above cost.

a. Electrical _____

b. Plumbing _____

c. Heating, air conditioning _____

d. Other (elevator, etc.) _____

D. PROPOSED USE – For “Wrecking” most recent use

- | | |
|---|--|
| <p>Residential</p> <ul style="list-style-type: none"> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family – Enter number of units..... _____ <input type="checkbox"/> Transient hotel, motel or dormitory – Enter number of units..... _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other Specify _____ | <p>Nonresidential</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital institution <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other – Specify: _____ |
|---|--|

(Omit Cents)

\$ _____

Job Description – Describe in detail proposed use of buildings; e.g., food processing plant, machine shop, laundry, building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

TOTAL COST OF IMPROVEMENT: _____ \$ _____

PART III. SELECTED CHARACTERISTICS OF BUILDING

For new buildings and additions, complete Parts E-K; for wrecking, complete only Part I; for all others, skip to IV.

E. PRINCIPAL TYPE OF FRAME

- Masonry (wall bearing)
- Wood frame
- Structural steel
- Reinforced concrete
- Other – Specify _____

G. TYPE OF SEWAGE DISPOSAL

- City Sewer
 - Individual (septic tank, etc.)
-
- H. TYPE OF WATER SUPPLY**
- Public
 - Individual (well, cistern)

I. DIMENSIONS

Number of Stories: _____

Total square feet of floor area, all floors, based on exterior dimensions: _____

Total land area, sq. ft.: _____

F. SEWER ASSESSMENT FEE

- _____ Number of equivalent average connections
- _____ Fee Paid
- Receipt attached from Public Works Department

*** CONTRACTOR MUST REMOVE ALL CONSTRUCTION DEBRIS FROM THE CONSTRUCTION SITE BEFORE THE C.O. WILL BE ISSUED**

*** CONTRACTOR MUST HAVE A PORTA-TOILET ON SITE BEFORE TEMPORARY CONSTRUCTION POWER IS RELEASED.**

J. # OF OFF-STREET PARKING SPACES

Enclosed: _____

Outdoors: _____

K. RESIDENTIAL BUILDINGS (ONLY)

of Bedrooms: _____ Full: _____

of Bathrooms Partial: _____

PART IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing Address –Number, Street, City and State	Zip Code	Area Code - Phone Number
Owner	_____	_____	_____	_____
Contractor	_____	_____	_____	_____
Architect	_____	_____	_____	_____

The Owner of this building and the undersigned agree to conform to all applicable laws and Code of Ordinances of the City of Opelika, Alabama.

Printed Name of Applicant: _____	Curb Cut Fee: _____	Plan Review Fee: _____	
Signature of Applicant: _____	Permit Fee: _____	Date Permit Issued: _____	Application Date: _____
Approved by: _____	Tax: _____	Permit Number: _____	License Number: _____
Reviewed by: _____	Total Fee: _____	Cash/Check _____	State License: _____