## CITY OF HOOVER BUILDING INSPECTIONS DEPARTMENT

## **BUILDING PERMIT APPLICATION**

Zoning of Property \_\_\_\_\_

Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all requirements of the building code, the zoning ordinance, and all other pertinent laws and ordinances of the City of Hoover regulating construction shall be complied with in pursuit of this work whether or not specified herein.

Post Foundation Survey Required ☐ Yes ☐ No

				100 1 00 47	TON			
				JOB LOCAT	ION			
Address					Project Name			
Legal Description – Lot		Blo	ock	Surv	Survey			
				IDENTIFICA	TION			
Name of Owner					Name of Contractor			
Address					Address			
City					City State Zip			
					Is Contractor			
Phone				_ Phor	Phone Licensed			
				Mobi	Mobile Phone Email			
Plans Drawn By:		Is Architect or Supervision In		Licer	se Numbers:	St	ate of Bid	
☐ Architect ☐ Engineer ☐ Designer ☐ Yes ☐ No				City	of Hoover		abama Limit	
Name					Contact Person			
Address				_				
Phone Email					Mobile Phone			
State of Alabama Regis	tration No.			— Emai	I			
TYPE IMPROVEMENT TYPE PERMIT IS FOR CONSTRUCTION					OCCUPANCY (USE)			
☐ New Construction			3	NON-RESIDEN	ITIAL	RE	SIDENTIAL	
☐ Addition		□ IIA □ II	В	☐ Assembly			ingle Family 🔲 Duplex	
☐ Alterations				☐ Business				
□ Repair		☐ IV Heavy	Timber	☐ Mercantile	☐ High Hazard	□H	lotel, Motel – No. Units	
Other (specify)		UVA UV	′B	□ Education	☐ Storage		Sarage/Carport 🛭 Other	
				☐ Utility/Misc	☐ Institutional/Daycare			
			SELECTED	CHARACTERIST	TICS OF BUILDING			
Type of Heat: ☐ Gas ☐ Electricity ☐ Other					Dimensions			
Type of Sewage Disposal: ☐ Sanitary Sewer ☐ Septic Tank					Number of Stories			
□ Jeff Co □ Shelby □ Hoover					Sq. Ft. Living Area			
Type of Water Supply: ☐ Public ☐ Individual (well, etc.)					Sq. Ft. of Non-Living Area			
Will there be an elevator? ☐ Yes ☐ No					Total Square Feet			
Will there be off street parking? ☐ Yes ☐ No					Residential Buildings Only Number of Bedrooms			
Number of spaces to be provided					ber of Bathrooms			
				CERTIFICAT	ON		<u> </u>	
I hereby certify; That I have read owner or authorized to act as the						ınd state la	ws regulating building construction; That I am the	
\$			Name o	f Company				
Date			Signatu	re	(by Owner or Authorized A			
PERMI	T FEE \$50.	.00 FOR FIRS	ST \$1,000; \$	8.50 FOR EA	(by Owner or Authorized A CH ADDITIONAL \$1,000 .00 PER \$1,000 OF CON	OF T		
,					FOR OFFICE USE ONLY	J <b>J</b>		
Approved By Job Cost Permit				Date Permit Issued		Permit Number		