

**BUILDING PERMIT APPLICATION
CITY OF JACKSONVILLE**

Application is hereby made for a Building Permit and a Certificate of Compliance as required under the Building Code and Zoning Ordinance of the City of Jacksonville, Alabama. In making this application, the applicant declares all of the statements and attached maps and drawings submitted by applicant are a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein, and that any permit issued may be revoked without notice on any breach of representations or conditions.

1. Location of proposed construction, excavation, use of land, moving or alteration:
Address: _____
Block #: _____ Lot #: _____ Zoning District: _____
2. Owner of premises: _____ Contractor: _____
Name: _____ Name: _____
Address: _____ Address: _____

Telephone: _____ Telephone: _____
3. Description: _____
4. Size of Lot: _____ ft. x _____ ft. Total square feet area of lot: _____
5. Area of lot covered by buildings (including existing structures) upon completion of any proposed structures: _____ square feet.
6. Percentage of lot covered by buildings (existing and proposed): _____ percent.
7. Cost of project: _____
Home Builders License #: _____ Commercial General Contractor's #: _____
8. Attach a plat drawn to scale showing:
A. Location and dimensions of lot.
B. Location and dimensions of existing and proposed buildings.
C. Setback and sidelines of buildings on adjoining lots.
D. Parking areas.
9. Attach detailed construction plans, including heating and air-conditioning, plumbing, and electrical specifications.
10. A site plan detailing grading, lighting, utilities, etc., if applicable. Consult with Building Inspector to determine specific items required for this particular project.

Date

Applicant's Signature

Address & Telephone Number

Witness

Owner of Premises' Signature

Witness



1-800-292-8525

Alabama One Call – www.allcall.com

NOTICE

Will there be any digging near or above any in-ground utilities?

(Indicate one)

Yes: _____
Signature

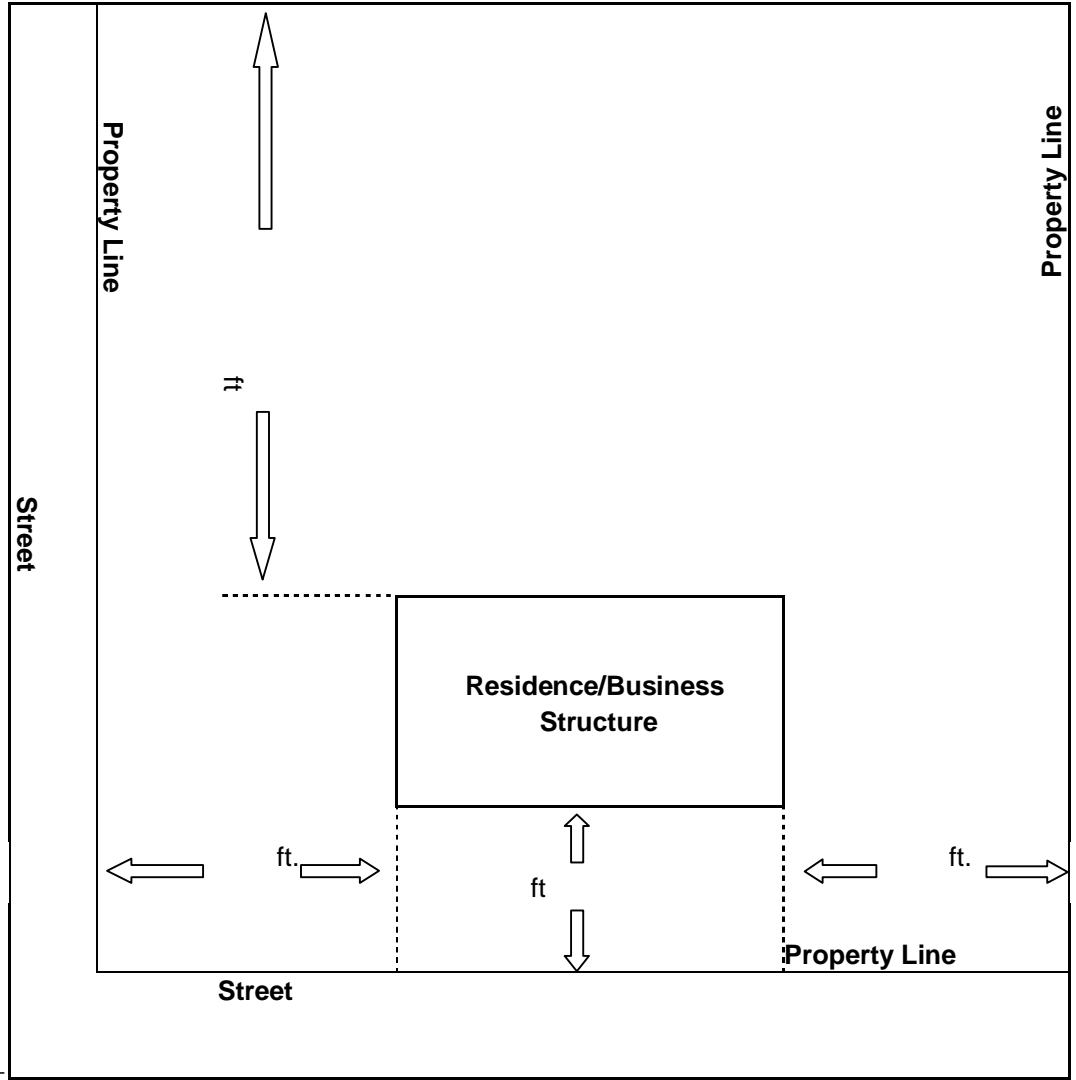
No: _____
Signature

Area of Lot: _____

Yard Depth: Front: _____
Side: _____ Rear: _____

Number of Dwelling Units: _____

Off-Street Parking Spaces: _____



It is understood that any permit on this application will not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Building Code, Zoning Ordinance, or by any other ordinances or regulations of the City of Jacksonville, or restrictions or covenants of record. The applicant further agrees to notify the Building Inspector of the completion of the construction for which any Building Permit is granted. The Building Inspector shall then inspect the premises and issue or refuse a Certificate of Compliance as provided by the Building Code and Zoning Ordinance.

TO BE COMPLETED BY THE BUILDING INSPECTOR

1. Is Development Review by Planning Commission required? Yes: _____ No: _____

2. Is Appeal to Zoning Board of Adjustment required? Yes: _____ No: _____

Planning Commission: Approved: _____ Disapproved: _____ Date: _____

Board of Adjustment: Approved: _____ Disapproved: _____ Date: _____

3. Building Permit Application: Approved: _____ Disapproved: _____

Date

Signature of Building Inspector

BUILDING PERMIT NUMBER: _____

DATE ISSUED: _____

4. CERTIFICATE OF COMPLIANCE: Approved: _____ Disapproved: _____

TO ALL BUILDERS OR HOMEOWNERS – SUBLIST PAGE 1

IF THIS FORM IS NOT COMPLETED AND RETURNED TO OUR OFFICE, NO POWER WILL BE TURNED ON.

I. GENERAL CONTRACTOR (COMMERCIAL)

A. Name of Company or Individual: _____

Address: _____

Phone: _____ Cell: _____

II. HOMEBUILDER (RESIDENTIAL)

A. Name of Company or Individual: _____

Address: _____

Phone: _____ Cell: _____

III. SUBCONTRACTORS

Excavation and Footing:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Concrete (Footing and Driveway):

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Masonry:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Framer:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Roofer:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Gutter and Downspouts:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Electrical:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Plumbing:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

State License Number: _____

Insulation:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Heating/Air Conditioning:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Dry Wall Hangers & Finishers:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Painting & Paper Hangers:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Carpet/Floor Covering/Hardwood:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Concrete Finisher:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Landscaping/Irrigation:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Garage Doors:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Cabinet Makers:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Alarm Systems:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Siding (Vinyl/Metal):

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Cleaning Company:

Name of Company: _____
Owner: _____
Address: _____
Phone: _____
Cell or Fax Number: _____

Pressure Washing Company:

Name of Company: _____
Owner: _____
Address: _____
Phone: _____
Cell or Fax Number: _____

Termite Company:

Name of Company: _____
Owner: _____
Address: _____
Phone: _____
Cell or Fax Number: _____

Tile Contractor:

Name of Company: _____
Owner: _____
Address: _____
Phone: _____
Cell or Fax Number: _____

Paving/Striping Contractor:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____

Dryvit Contractor:

Name of Company: _____

Owner: _____

Address: _____

Phone: _____

Cell or Fax Number: _____