



MECHANICAL PERMIT APPLICATION

Type of Occupancy: Residential Commercial
Work to be done: New Building Renovation

Property Address _____

Subdivision _____ Lot # _____

Owner/Occupant _____

Address _____ City _____ State ____ Zip _____

Phone (____) _____ Email _____

Contracting Company _____

Address _____ City _____ State ____ Zip _____

Phone (____) _____ Email _____

Description of Job:

CONTRACT JOB COST: \$ _____

Signatures

By signing this application, I hereby certify that all information herein is true and correct and I agree to be personally responsible to the City of Alabaster for any and all code violations and code enforcement actions associated with this building application and the construction contemplated herein, whether such actions or inactions were performed by me, my company, employees, contractors or sub-contractors. Also, I hereby certify that I am the above property's owner or the authorized agent (contractor) of the above property's owner.

Name (print): _____ Signature: _____ Date: _____

Signature of Certified HVAC or Representative

Current HVAC Certificate #

Date

OFFICE USE ONLY

Master Permit # _____

Permit Fee \$ _____

Issuance Fee \$ **50.00**

CICT Fee (Commercial) \$ _____

Permit # _____ Report Code _____ Total Permit Cost \$ _____