



COMMERCIAL PERMIT APPLICATION

Renovation: Yes No

Commercial Building Name: _____

Address: _____ Lot # _____

Proposed Occupancy Use: _____

Contracting Company: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____ Email: _____

State General Contractors License # _____ CONTRACT JOB COST: _____ Total Square Feet: _____

ICC Valuation: _____

Property Owner: _____ Phone: (____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Job: _____

Signature

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.

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

Zoning: _____ Front Setback: _____ Rear Setback: _____ Side Setback: _____

Occupancy _____

Construction Type _____

Is this property in the 100-year flood plain? Yes No

Plan Review Fee \$ _____

Flood Plain Review Fee \$ _____

Permit Cost \$ _____

Issuance Fee \$ **50.00**

CICT Fee \$ _____

Base Primary Fee \$ _____

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

*** A list of all sub-contractors for this job must be provided within 15 days of this permit being issued. ***