



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 \$ _____

Customer Service Survey

City of Alabaster Engineering and Building Services

Your input as a customer is very important and valuable to our department. To help us provide the highest level of customer service, we would appreciate your comments regarding our performance. Please take a moment to fill out this customer service survey and let us know how we are doing.

1. My contact with the Planning and Safety Division involved:

- Building Code
 Permit Application
 Inspection
 Plans Review
 Other _____

2. Type of contact:

- In person with an appointment
 In person without an appointment
 Email
 Telephone
 Fax/Mail

3. Please mark your responses:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was available to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff displayed a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responded to my concerns in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear and concise information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was helpful, knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Overall, how would you rate the level of assistance you received from the Planning and Safety Division?

Excellent _____ Good _____ Fair _____ Poor _____

5. Comments or Suggestions:

Thank you for your input. You may print this form and drop it off or mail to: **City of Alabaster-Engineering and Building Services, 1953 Municipal Way, Alabaster, AL 35007.**

INSPECTION ORDER SHEET

The following inspections shall be called in by the appropriate trade contractor and satisfied PRIOR to issuance of a Certificate of Occupancy or a Certificate of Completion.

*****A Grading Plan may be required if there is significant grading to be performed. Whenever a Grading Plan is required, sub-grade topography must be included on the Foundation In Place survey. This must be submitted and approved before going vertical with any wall construction.*****

ARTICLE II. - TECHNICAL CODES, Sec. 105-27. - Adopted.
 (Code 1994, § 14-1; Code 2005, § 18-31; Ord. No. 00-012, § 1, 7-20-2000; Ord. No. 03-006, §§ 1, 3, 4, 8-4-2003; Ord. No. 05-006, §§ 1, 3, 4-4-2005; Ord. No. 08-002, §§ 1, 3, 5-5-2008; Ord. No. 11-001, §§ 1, 3, 6-16-2011)

LAND DISTURBANCE
PART II - LAND DEVELOPMENT ORDINANCES OF THE MUNICODE, ALABASTER, ALABAMA

ME - Mechanical Permit

MERI	Mechanical Rough Inspection
MEMO	Mechanical Overhead
MEFI	Mechanical Final Inspection

FIRE DEPARTMENT INSPECTIONS (REQUIRED) FOR COMMERCIAL CONSTRUCTION

(FI - Fire Permit)

I, as the duly authorized agent to receive said permit(s), by virtue of my signature do hereby understand that receipt of this list will be the order of the inspections for which I must have completed prior to the issuance of any Certificates of Occupancy and/or Completion. **THE FOUNDATION IN PLACE SURVEY MUST BE SUBMITTED AS INDICATED PURSUANT TO SECTION 105-3 OF THE CODE OF ORDINANCES. Code 1994, § 14-7; Code 2005, § 18-3; Ord. No. 05-004, § 1, 2-21-2005; Ord. No. 07-002, § 1, 4-16-2007**

Print name: _____

Date: _____

Signature: _____