

# BUILDING PERMIT APPLICATION

**CITY OF MOODY**  
670 PARK AVENUE • MOODY, AL 35004  
(205) 640-5121 • (205) 640-2531 (FAX)

**PLEASE PRINT**

*FOR OFFICE USE ONLY*

PERMIT NO.: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

DATE APPLIED: \_\_\_\_\_

OWNER OR CONTRACTOR IS REQUIRED TO PROVIDE LIST OF ALL SUB-CONTRACTORS

**JOB LOCATION INFORMATION:**

ADDRESS: \_\_\_\_\_ ZONING CLASSIFICATION: \_\_\_\_\_

LOT #: \_\_\_\_\_ SECTOR/PHASE: \_\_\_\_\_ SURVEY/SUBDIVISION: \_\_\_\_\_

LEGAL DESCRIPTION: SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_

**OWNER INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

IF HOMEOWNER OBTAINING PERMIT, ATTACH AFFIDAVIT FROM ALABAMA HOMEBUILDERS LICENSURE BOARD

**CONTRACTOR INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
LICENSE #: CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**JOB DESCRIPTION:**

FOR: NEW CONSTRUCTION REPAIR ADDITION MOBILE HOME SIGN OTHER (SPECIFY) \_\_\_\_\_

TYPE CONSTRUCTION (INT'L BLDG CODE) \_\_\_\_\_ OCCUPANCY USE (INT'L BLDG CODE) \_\_\_\_\_

PLOT PLAN SUBMITTED: YES \_\_\_ NO \_\_\_ EXISTING STRUCTURES LOCATED ON PLOT: YES \_\_\_ NO \_\_\_

IN FLOOD PLAIN: YES \_\_\_ NO \_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

**DESCRIPTION OF WORK:**

**SEWAGE DISPOSAL: (MUST PROVIDE COPY WITH APPLICATION)**

ON-SITE: \_\_\_\_\_ ST. CLAIR CO. HEALTH DEPARTMENT PERMIT # \_\_\_\_\_

SEWER: CITY \_\_\_\_\_ BWWSB \_\_\_\_\_ IMPACT PERMIT # \_\_\_\_\_

**RESIDENTIAL ONLY:**

# STORIES \_\_\_\_\_ ELEVATOR: YES \_\_\_ NO \_\_\_

SQ. FT. LIVING AREA: \_\_\_\_\_

SQ. FT. NON-LIVING AREA: \_\_\_\_\_

# BEDROOMS \_\_\_\_\_ # BATHS \_\_\_\_\_ # TOTAL ROOMS \_\_\_\_\_

OFF-STREET PARKING: YES \_\_\_ NO \_\_\_ TOTAL SPACES \_\_\_\_\_

CITY STORM WATER PERMIT #: \_\_\_\_\_

IF ADEM PERMIT ISSUED, PROVIDE COPY WITH APPLICATION

**CERTIFICATION:**

By signing below, I hereby certify that all information contained herein is true and correct to the best of my knowledge; that I agree to comply with all City Ordinances and Regulations, Building Codes, and State Laws regulating building construction; that I am the Owner or authorized as the Owner's Agent for the work described herein.

SIGNATURE: BY OWNER OR AUTHORIZED AGENT \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**COMMERCIAL ONLY:**

# STORIES \_\_\_\_\_ ELEVATOR: YES \_\_\_ NO \_\_\_

TOTAL SQ. FT. : \_\_\_\_\_

# OFFICES \_\_\_\_\_ # BATHS \_\_\_\_\_ # STORAGE ROOMS \_\_\_\_\_

# TOTAL ROOMS: \_\_\_\_\_ # PARKING SPACES: \_\_\_\_\_

SRINKLER SYSTEM: YES \_\_\_ NO \_\_\_ IF YES, # HEADS: \_\_\_\_\_

CITY STORM WATER PERMIT #: \_\_\_\_\_

IF ADEM PERMIT ISSUED, PROVIDE COPY WITH APPLICATION

**FEES:**

BUILDING PERMIT FEE \_\_\_\_\_

PLANS REVIEW FEE \_\_\_\_\_

STORM WATER FEE \_\_\_\_\_

RE-INSPECTION FEES \_\_\_\_\_

(1<sup>ST</sup> = \$20.00, 2<sup>ND</sup> = \$50.00, EACH ADDITIONAL = \$50.00)

**TOTAL FEES** \_\_\_\_\_