

(Permit Fee: Residential-\$10.00 per \$1000 Commercial-\$11.00 per \$1000 plus a \$50.00 issuance fee

MINIMUM FEE OF \$100.00)

RV Acct # _____

If the scope and/or nature of the work as listed on the original permit application changes OR if the cost of construction exceeds the amount upon which the permit is based a revised application must be submitted and any additional dues owed must paid. (§109-44i)

Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans and/or specifications necessary for compliance shall be observed and all requirements of the building code, zoning code, and all other pertinent laws and ordinances of the City of Mountain Brook regulating construction shall be complied pursuant of this work whether or not specified herein. REINSPECTION FEE \$100.00 2015 IBC and 2015 IRC

JOB LOCATION

Address: _____

Legal Description: Lot: _____ Block _____ Survey _____

IDENTIFICATION

Name of Owner: _____
Address _____
City _____ State _____
Phone _____

Name of Contractor _____
Address _____
City _____ State _____
Phone _____
Mtn Brook Lic # _____ State Lic# _____

Plans Drawn By:
 Architect Engineer Designer
Name: _____
Address: _____
Phone: _____ State Registration # _____

Is Architect or Engineering supervision included? Yes Architect No Engineer
If yes, by whom? _____
Phone: _____ State Registration# _____

Type Improvement Permit is for:
 New Construction
 Addition
 Alterations
 Repair
 Other _____

Type Construction
 Fireproof
 Fire Resistive
 Heavy Timber
 Non-Combustible
 Ordinary
 Other _____

Occupancy (Use)
NONRESIDENTIAL
 Amusement, Recreational
 Church/Religious
 Business
 Service Station/Repair Garage
 Hospital/Institutional
 Office/Professional
 School/Library/Educational
 Other _____

RESIDENTIAL
 Single Family
 Duplex
 Apartment - # of Units _____

SELECTED CHARACTERISTICS OF BUILDING

Type of heat: Gas Oil Electric Coal Other
Type of sewage disposal: Sanitary Sewer Septic
Type of water supply: Public Individual (well, etc)
Will there be central air? Yes No
Will there be an elevator? Yes No
Will there be off street parking? # of spaces? _____

Dimensions
Number of stories _____
Total sq ft living area _____
Total sq ft of non-living area _____

Residential Buildings Only:
Number of Bedrooms _____
Number of Bathrooms _____
Total Number of Rooms _____

Plot and Zoning Information:
Plot area (in sq feet) _____
Plot width: Front _____ Rear _____
Length of sides 1 _____ 2 _____

SUBCONTRACTORS:
Please list ALL subcontractors to be used on job on the BACK of this form. List names, address, and phone number of subs

By signing below I understand that it is the contractor's responsibility to call the City and schedule all inspections. Failure to do so may result in future permit applications being denied.

CERTIFICATION

I hereby certify that I have read this application and that all information contained herein is true and correct, that I agree to comply with all city ordinances and state laws regulating building construction, that I am the owner or the authorized agent for the work herein described and that the total contract or valuations is:

\$ _____ Name of Company: _____

Date: _____ Signature _____

Printed Name: _____

For office use only

Approved by: _____ Job Cost: _____ Fire Marshal: _____

Permit Fee: _____ Date Issued: _____ Permit # _____

SUBCONTRACTORS

Type of Job	Company Name	Company Address	Phone Number	City Acct #	BL
Air cond/Heat					<input type="checkbox"/>
Alarm/Security					<input type="checkbox"/>
Architect					<input type="checkbox"/>
Cabinets					<input type="checkbox"/>
Carpenter					<input type="checkbox"/>
Carpet					<input type="checkbox"/>
Concrete					<input type="checkbox"/>
Drywall					<input type="checkbox"/>
Dumpster					<input type="checkbox"/>
Electrical					<input type="checkbox"/>
Elevator					<input type="checkbox"/>
Excavation					<input type="checkbox"/>
Exterminator					<input type="checkbox"/>
Fence					<input type="checkbox"/>
Flooring					<input type="checkbox"/>
Framer					<input type="checkbox"/>
Gas					<input type="checkbox"/>
Glass/Glazing					<input type="checkbox"/>
Insulation					<input type="checkbox"/>
Landscaping					<input type="checkbox"/>
Low Voltage					<input type="checkbox"/>
Masonry/Brick					<input type="checkbox"/>
Ornamental Iron					<input type="checkbox"/>
Painting/Wallpaper					<input type="checkbox"/>
Plumbing					<input type="checkbox"/>
Port-o-lets					<input type="checkbox"/>
Roofer					<input type="checkbox"/>
Septic tank					<input type="checkbox"/>
Sewer					<input type="checkbox"/>
Siding					<input type="checkbox"/>
Sprinkler (building)					<input type="checkbox"/>
Sprinkler (lawn)					<input type="checkbox"/>
Surveyor					<input type="checkbox"/>
Tile					<input type="checkbox"/>
Waterproofing					<input type="checkbox"/>
Other _____					<input type="checkbox"/>