

BUILDING PERMIT APPLICATION *Commercial*

P.O. Box 1479 Pelham, Alabama 35124 | 205.620.6411 | permits@pelhamalabama.gov

BUILDING ADDRESS: _____ ZONING: _____

BUILDING OWNER: _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

ENGINEER/ARCHITECT: _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

CONTRACTOR: _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

TYPE OF IMPROVEMENT

- | | | |
|---|--|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Addition/Renovation | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Moving | <input type="checkbox"/> Reroof |
| <input type="checkbox"/> Shell/Slab with Electrical | <input type="checkbox"/> Shell/Slab Only | |

BUILDING USE TYPE

- Private Public

BUILDING REQUIREMENTS PER 2015 IBC

CONSTRUCTION TYPE: _____ TYPE OF FRAME: _____ USE GROUP: _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Multi-family transient | <input type="checkbox"/> # of units |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> # of units |
| <input type="checkbox"/> Amusement/Recreational | |
| <input type="checkbox"/> Church/Religious | |
| <input type="checkbox"/> Parking Garage | |
| <input type="checkbox"/> Service station/Repair garage | |
| <input type="checkbox"/> Hospital/Institutional | |
| <input type="checkbox"/> Public Utility | |
| <input type="checkbox"/> School/Educational | |
| <input type="checkbox"/> Store | |
| <input type="checkbox"/> Other | |

- | |
|---|
| <input type="checkbox"/> NUMBER OF STORIES |
| <input type="checkbox"/> NUMBER OF OFF STREET PARKING REQUIRED |
| <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoor |
| SPRINKLER SYSTEM REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FIRE SYSTEM MONITORING REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> ALLOWABLE BUILDING HEIGHT |
| <input type="checkbox"/> ACTUAL BUILDING HEIGHT |
| <input type="checkbox"/> ALLOWABLE BUILDING AREA |
| <input type="checkbox"/> ACTUAL BUILDING AREA |
| <input type="checkbox"/> LOT SIZE <input type="checkbox"/> FINISHED SF <input type="checkbox"/> UNFINISHED SF |
| MAXIMUM OCCUPANT LOAD: _____ PERSONS |

REQUIRED UTILITIES

___ NEW WATER TAP ___ Meter Size ___ Number of fixtures; Irrigation meter required? ___ Size

___ FIRE LINE REQUIRED ___ Size

CITY SANITARY SEWER AVAILABLE ___ YES ___ NO

NEW SEWER TAP NEEDED ___ YES ___ NO

IS THE SEWER SERVICE A PRIVATE SEWER ___ YES ___ NO

If yes, name of district _____

SEPTIC SYSTEM (Health Department Permit # _____)

___ NEW ELECTRICAL SERVICE ___ AMPS

___ REPLACE ELECTRICAL SERVICE ___ AMPS

PRINCIPAL TYPE OF HEATING _____

Central Air ___ YES ___ NO

Natural Gas Needed? ___ YES ___ NO

MISCELLANEOUS

PROPERTY FALL WITHIN A FEMA FLOODPLAIN ___ YES ___ NO

STREET CUT REQUIRED ___ YES ___ NO

ELEVATOR REQUIRED ___ YES ___ NO

NEW BACKFLOW PREVENTER REQUIRED ___ YES ___ NO

OIL SEPARATOR REQUIRED ___ YES ___ NO

GREASE TRAP REQUIRED ___ YES ___ NO If yes, what size? _____ (gallon)

Please see the city grease policy on installation and maintenance requirements

LIQUOR LICENSE REQUIRED ___ YES ___ NO APPROVED BY COUNCIL ___ YES ___ NO

A building permit will not be approved until a liquor license has been approved by the city council (if needed)

Please include a copy of council approval with your application

ZONING APPROVAL ___ YES ___ NO

TOTAL CONSTRUCTION COSTS=\$_____

DESCRIPTION: _____

EASEMENTS

DOES THE PROPERTY CONTAIN AN EASEMENT ___ YES ___ NO

LOCATED ON CIVIL PLAN? ___ YES ___ NO

TRADES

REQUIRED COMPLETION OF SUBCONTRACTORS LIST (SEPARATE FORM)

All installation companies associated with this project are required to hold a business license through the City of Pelham. A Stop Work Order will be issued for the project if any contractor is found not to have an appropriate license. No inspections will be performed until proof of license is provided to the Building Department.

INSPECTIONS REQUIRED

24-hour notification is required to schedule any inspection. Any contractor found not to have called for proper inspections may be required to remove building materials that hinder the Building Department from doing any inspection. This will be at the contractor's expense. Work shall not be scheduled to occur after hours, weekends or holidays. See building permit card for a listing of required inspections. Call for utility locates prior to digging.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

I HEREBY ACKNOWLEDGE THAT THE FOLLOWING ARE IN VIOLATION OF THE CODE OF ORDINANCES OF THE CITY OF PELHAM: FAILURE TO CONTACT DIG RITE THREE (3) WORKING DAYS PRIOR TO DIGGING; FAILURE TO MAINTAIN PROPER BUSINESS LICENSE WITH THE CITY; STORAGE OF CONSTRUCTION MATERIAL ON CITY/STATE RIGHT-OF-WAY; AND ACCUMULATION OF MUD AND DEBRIS ON CITY STREETS. VIOLATIONS OF THE ABOVE MAY RESULT IN AN ISSUANCE OF A STOP WORK ORDER.

Signature of Applicant

Address

Date

OFFICE USE ONLY

BUILDING SQUARE FOOTAGE: _____

PLAN REVIEW FEE: _____

PERMIT FEE: _____

ISSUE FEE: \$15 _____

TOTAL CONSTRUCTION COSTS: _____

TOTAL FEES DUE: _____

FEES PAID DATE: _____

ANY ONE-CALL VIOLATIONS WILL BE ISSUED A CITATION FOR MUNICIPAL COURT, AND THE DIFFER IS LIABLE FOR DAMAGES.

