

CITY OF BESSEMER
INSPECTION SERVICES DEPARTMENT
BUILDING PERMIT APPLICATION

Application is hereby made for a building permit to accomplish the work as herein described. In accordance with duplicate plans and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all requirements of the building code, the zoning ordinance, and all other pertinent laws and ordinances of the City of Bessemer regulating construction shall be complied with in the pursuit of this work whether or not specified herein.

JOB LOCATION

Address _____ Verified by _____

Legal description – Lot _____ Block _____ Survey _____
 (If no recorded map, give meters and bounds)

IDENTIFICATION

Owner/Occupant _____ Address _____ City _____ State _____ Phone _____	Name of Contractor _____ Address _____ City _____ State _____ Phone _____ Is Contractor Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Licensed Number _____ State of _____ Building _____ City of Bessemer _____ Alabama _____ Limit _____
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Plans Drawn By: _____ <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer Name _____ Address _____ Phone _____ State of Alabama Registration No. _____	Is Architect or Engineering supervision included <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom _____ Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Phone _____ State of Alabama Registration No. _____
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TYPE IMPROVEMENT PERMIT IS FOR	TYPE CONSTRUCTION	OCCUPANCY (USE)	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Fireproof	NONRESIDENTIAL	RESIDENTIAL
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Single Family Duplex
<input type="checkbox"/> Alterations	<input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Church, other Religion	<input type="checkbox"/> Apartment – No Units <input type="checkbox"/> Hotel, Motel-No Units
<input type="checkbox"/> Repair	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Business <input type="checkbox"/> Service Station <input type="checkbox"/> Repair	<input type="checkbox"/> Garage, Carport <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Ordinary <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Office, Professional <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Other (specify) _____	

SELECTED CHARACTERISTICS OF BUILDING

Type of Heat <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other	Dimensions Number of Stories _____ Total Sq. Ft. Living Area _____ Total Sq. Ft. of Non-Living Area _____
Type of Sewage Disposal <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic Tank Type of Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Individual (well, etc.) Will there be an air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be off street parking? _____ No. of spaces to be provided	Residential Buildings Only Number of Bedrooms _____ Number of Bathrooms _____ Total Number of Rooms _____ Plot and Zoning Information Plot area (in square feet) _____ Plot width – Front _____ Rear _____ Length of Sides 1. _____ 2. _____

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 installation, building construction. That I am the owner or authorized to act as the owner's agent for the herein described work: And, that the total contract or valuation is \$ _____

DATE: _____ SIGNATURE: _____
 (By Owner of Authorized Agent)

-DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY-

Approved By	Job Cost	Permit Fee	Date Permit Issued	Permit Number
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