



BP # \_\_\_\_\_

\$ \_\_\_\_\_

### BUILDING PERMIT APPLICATION

Application is hereby made for a Building Permit and a Certificate of Occupancy as required under the Building Code and Zoning Ordinance of the City of Jacksonville, Alabama. In making this application, the applicant declares all of the statements and attached maps and drawings submitted by applicant are a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein, and that any permit issued may be revoked without notice on any breach of representations or conditions.

1. Location of proposed construction, excavation, use of land, moving or alteration:

Address: \_\_\_\_\_

Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

2. **Owner of premises:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Contractor:**

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

3. Description: \_\_\_\_\_

4. Size of Lot: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Total square feet area of lot: (#2) \_\_\_\_\_

5. Area of lot covered by buildings (including existing structures) upon completion of any proposed structures: (#1) \_\_\_\_\_ square feet.

6. Percentage of lot covered by buildings (existing and proposed):  $(\#1 \div \#2) = \text{_____} (\times 100) = \text{_____}$  percent.

7. Cost of project: \$ \_\_\_\_\_

**Home Builders License #:** \_\_\_\_\_

**Commercial General Contractor's #:** \_\_\_\_\_

8. Attach a plat drawn to scale showing:

- A. Location and dimensions of lot.
- B. Location and dimensions of existing and proposed buildings.
- C. Setback and sidelines of buildings on adjoining lots.
- D. Parking areas.

9. Attach detailed construction plans, including heating and air-conditioning, plumbing, and electrical specifications.

10. A site plan detailing grading, lighting, utilities, etc., if applicable. Consult with Building Inspector to determine specific items required for this particular project.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address & Telephone Number

\_\_\_\_\_  
Owner of Premises' Signature

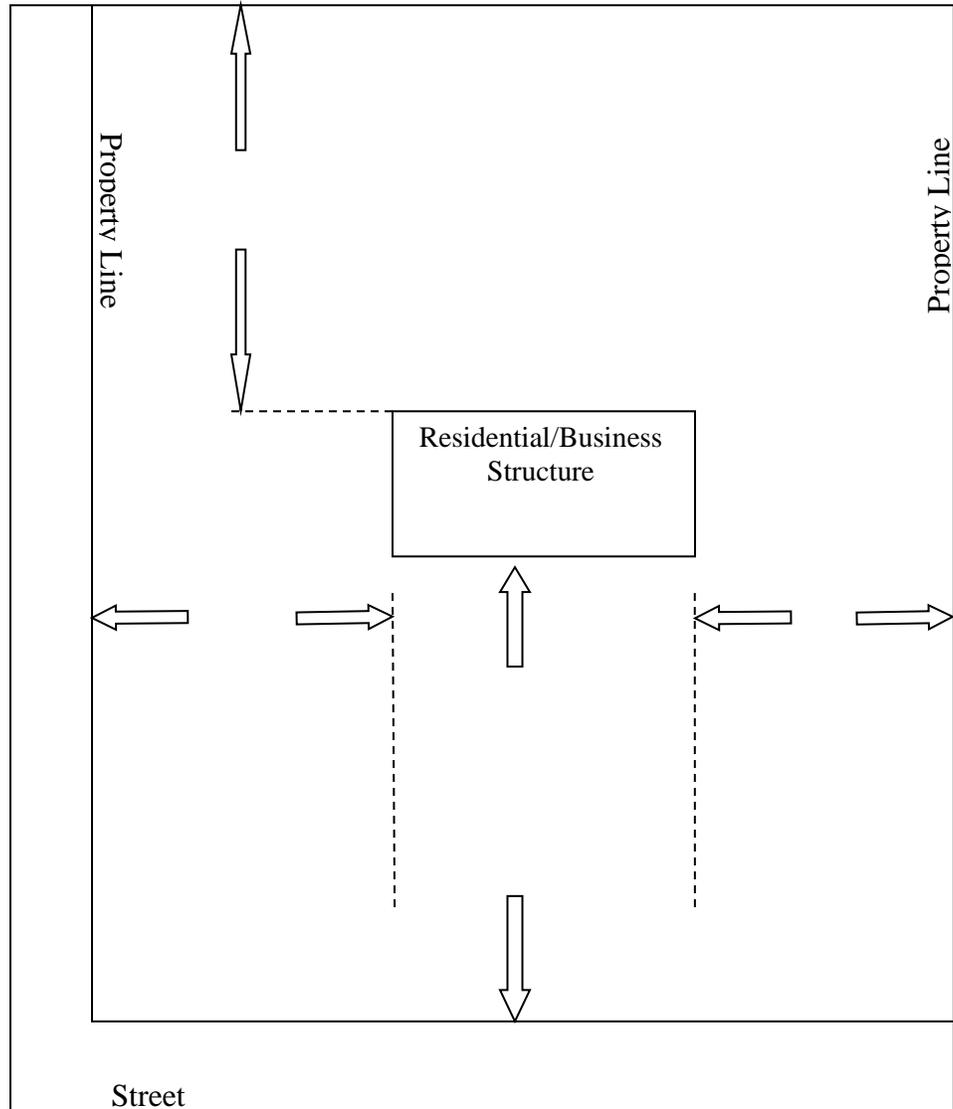


**Know what's below.  
Call before you dig.**

NOTICE

In accordance with Title 37,  
Chapter 15, Sections  
1-11 of the Code of Alabama  
any excavation or demolition  
shall require 811 notification.

You must follow the law.



It is understood that any permit on this application will not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Building Code, Zoning Ordinance, or by any other ordinances or regulations of the City of Jacksonville, or restrictions or covenants of record. The applicant further agrees to notify the Building Inspector of the completion of the construction for which any Building Permit is granted. The Building Inspector shall then inspect the premises and issue or refuse a Certificate of Occupancy as provided by the Building Code and Zoning Ordinance.

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TO BE COMPLETED BY THE BUILDING INSPECTOR

1. Is Development Review by Planning Commission required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Is Appeal to Zoning Board of Adjustment required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

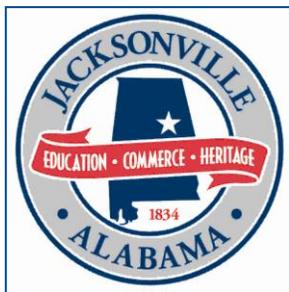
Planning Commission: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Adjustment: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

3. Building Permit Application: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Building Inspector



## TO ALL BUILDERS OR HOMEOWNERS

### SUBLIST

**IF THIS FORM IS NOT COMPLETED AND RETURNED TO OUR OFFICE, NO POWER WILL BE TURNED ON.**

#### 1) GENERAL CONTRACTOR (COMMERCIAL)

a) Name of Company or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

#### 2) HOMEBUILDER (RESIDENTIAL)

a) Name of Company or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

#### 3) SUBCONTRACTORS

##### 1) Excavation and Footing:

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**2) Concrete (Footing and Driveway):**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**3) Masonry:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**4) Framer:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**5) Roofer:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**6) Gutter and Downspouts:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**7) Electrical:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**8) Plumbing:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**9) Insulation:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**10) Heating/Air Conditioning:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**11) Dry Wall Hangers & Finishers:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**12) Painting & Paper Hangers:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**13) Carpet/Floor Covering/Hardwood:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**14) Concrete Finisher:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**15) Landscaping/Irrigation:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**16) Garage Doors:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**17) Cabinet Makers:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**18) Alarm Systems:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**19) Siding (Vinyl/Metal):**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**20) Cleaning Company:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**21) Pressure Washing Company:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**22) Termite Company:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**23) Tile Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**24) Paving/Striping Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**25) Dryvit Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**26) Fence Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**27) Pool Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**28) \_\_\_\_\_ Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**29) \_\_\_\_\_ Contractor:**

Name of Company: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_