



P.O. Box 1248 * Albertville, AL 35950
 Phone: 256-891-8208 Fax: 256-891-8299

BUILDING PERMIT APPLICATION

Date: _____

Address/Jobsite

Contractor	Type of Occupancy
Name: _____	Residential <input type="checkbox"/>
Address: _____	Non-Residential <input type="checkbox"/>
City, State, Zip: _____	Zoning _____
Phone: _____	
State License/City License#: _____	

Owner/Occupant	Work to be done in:
Name: _____	New Construction <input type="checkbox"/>
Address: _____	Existing Structure <input type="checkbox"/>
	Addition/Renovations <input type="checkbox"/>

Type of work to be done	Pricing of Permits
Electrical <input type="checkbox"/>	Job Cost _____
Plumbing <input type="checkbox"/>	Permit Fee _____
Building <input type="checkbox"/>	Issuance Fee _____
Gas <input type="checkbox"/>	Total Permit Fee _____
Mechanical <input type="checkbox"/>	
Other <input type="checkbox"/>	

I CERTIFY ALL INFORMATION GIVEN HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ALL WORK WILL BE DONE IN ACCORDANCE WITH APPLICABLE CODES.
Signed _____ **Date** _____

For NEW CONSTRUCTION and ADDITION - Lot Plans/Surveys and Building Drawings Showing Setbacks are Required

City of Albertville License Number: _____
PERMIT NUMBER: _____ **Issued By:** _____ **Date:** _____