

City of Albertville Building Department
Building Permit Application
PO Box 1248 Albertville, AL 35950
Phone: (256) 891-8208 Fax: (256) 891-8299

In order for us to process your application, please provide the following information.

Name: _____ Phone: _____

Email: _____ Fax: _____

Address of building: _____

Subdivision: _____ Lot: _____ Block: _____

Zoning Classification: _____

Type of Improvement: ___ New Building ___ Addition ___ Remodel ___ Moving

Proposed Occupancy: _____ Single family _____ Multi-family _____ Commercial

_____ sq. ft. heated _____ sq.ft.un-heated

Total cost of improvements: \$ _____

NAME

MAILING ADDRESS

Owner: _____

Contractor: _____

Architect: _____

The owner of this building and the undersigned agree to conform to all applicable ordinances and building codes for the City of Albertville. The applicant further accepts responsibility for enforcement of all set backs, easement and deed covenants which relate to this property.

Signature of applicant: _____ Date: _____

To be completed by Building Department Staff:

Permit fee based on _____ sq. ft. of bldg or _____ cost of bldg
Required set backs: front _____; rear _____; side: _____; corner _____

Building Permit Fee	\$ _____
Electric Permit Fee	\$ _____
Plumbing Permit Fee	\$ _____
Sewer Inspection Fee	\$ _____
Total	\$ _____

AMPS: _____

Approved by: _____ Date: _____