

# CITY OF ASHVILLE

## PLUMBING / GAS PERMIT APPLICATION

211 8<sup>TH</sup> STREET / P.O. BOX 70 • ASHVILLE, AL 35953 205-594-4151

_____ FOR OFFICE USE ONLY _____
PERMIT NO.: _____
DATE ISSUED: _____
ISSUED BY: _____
TOTAL PAID: _____



DATE APPLIED:

TO: BUILDING INSPECTOR ASSOCIATED BUILDING PERMIT NO. \_\_\_\_\_  
Application is hereby made to install, repair, or replace plumbing as listed herein:

<b>JOB LOCATION INFORMATION:</b> ADDRESS: _____ ZONING CLASSIFICATION: _____	
<b>OWNER INFORMATION:</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____  IF HOMEOWNER OBTAINING PERMIT, ATTACH AFFIDAVIT FROM ALABAMA HOMEBUILDERS' LICENSURE BOARD	<b>CONTRACTOR INFORMATION:</b> NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____  LICENSE CITY _____ STATE _____
<b>JOB DESCRIPTION:</b> FOR: NEW CONSTRUCTION _____ REPAIR _____ ADDITION _____ MOBILE HOME _____ SIGN _____ OTHER (SPECIFY) _____ TYPE CONSTRUCTION (INT'L BLDG CODE) _____ OCCUPANCY USE (INT'L BLDG CODE) _____ PLOT PLAN SUBMITTED: YES _____ NO _____ EXISTING STRUCTURES LOCATED ON PLOT: YES _____ NO _____ IN FLOOD PLAIN: YES _____ NO _____ IF YES, EXPLAIN: _____  DESCRIPTION OF WORK: _____ <b>SEWAGE DISPOSAL: (MUST PROVIDE COPY WITH APPLICATION)</b> ON-SITE: _____ ST. CLAIR CO. HEALTH DEPARTMENT PERMIT # _____ SEWER: CITY _____	
<b>RESIDENTIAL ONLY:</b> # STORIES _____ ELEVATOR: YES _____ NO _____ SQ. FT. LIVING AREA: _____ SQ. FT. NON-LIVING AREA: _____ # BEDROOMS _____ # BATHS _____ # TOTAL ROOMS _____	<b>COMMERCIAL ONLY:</b> # STORIES _____ ELEVATOR: YES _____ NO _____ TOTAL SQ. FT.: _____ # OFFICES _____ # BATHS _____ # STORAGE ROOMS _____ # TOTAL ROOMS: _____ # PARKING SPACES: _____
<b>CERTIFICATION:</b> By signing below, I hereby certify that all information contained herein is true and correct to the best of my knowledge; that I agree to comply with all City Ordinances and Regulations, Building Codes, and State Laws regulating building construction; that I am the Owner or authorized as the Owner's Agent for the work described herein.  SIGNATURE: BY OWNER OR AUTHORIZED AGENT _____	<b>COST OR VALUATION OF JOB:</b> <b>TOTAL PROJECT COST:</b> _____  PERMIT FEE _____ (\$9.00 for each \$1000.00 cost plus \$41.00 issuance fee)  TOTAL FEES _____

I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE ALL WORK WILL BE DONE IN ACCORDANCE WITH THE CURRENT APPLICABLE CODES AND REGULATIONS.

SIGNATURE \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_  
MASTER PLUMBER / GAS FITTER  
MASTER CARD NUMBER: \_\_\_\_\_ ASHVILLE BUSINESS LICENSE NUMBER: \_\_\_\_\_