

**BUILDING PERMIT APPLICATION**  
**CITY OF WEAVER**  
 500 ANNISTON STREET \* WEAVER, AL 36277  
 (256) 820-1125 \* (256) 820-3502 (FAX)  
 DATE APPLIED: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
PERMIT NO: _____
DATE ISSUED: _____
APPROVED BY: _____
TOTAL PAID: _____

OWNER OR CONTRACTOR IS REQUIRED TO PROVIDE LIST OF ALL SUB-CONTRACTORS

<b>JOB LOCATION INFORMATION:</b>	
ADDRESS: _____ ZONING CLASSIFICATION: _____	
LOT #: _____ SUBDIVISION: _____	
<b>OWNER INFORMATION:</b>	<b>CONTRACTOR INFORMATION:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____ CELL: _____
	LICENSE #: _____ STATE: _____
<b>JOB DESCRIPTION:</b>	
FOR: NEW CONSTRUCTION__ REPAIR__ ADDITION__ MOBILE HOME__ SIGN__ OTHER__	
TYPE CONSTRUCTION _____ OCCUPANCY USE _____	
PLOT PLAN SUBMITTED: YES__ NO__ EXISTING STRUCTURE: YES__ NO__	
IN FLOOD PLAIN: YES__ NO__ IF YES, EXPLAIN: _____	
DESCRIPTION OF WORK: _____	
<b>SEWAGE DISPOSAL:</b>	
ON-SITE: _____ CALHOUN CO. HEALTH DEPARTMENT PERMIT # _____	
<b>RESIDENTIAL ONLY:</b>	<b>COMMERCIAL ONLY:</b>
# STORIES__ ELEVATOR: YES__ NO__	# STORIES__ ELEVATOR: YES__ NO__
SQ. FT. LIVING AREA: _____	TOTAL SQ. FT.: _____
SQ. FT. NON-LIVING AREA: _____	# OFFICES__ # BATHS__ #STORAGE ROOMS__
# BEDROOMS__ # BATHS__ # ROOMS__	# TOTAL ROOMS:____ # PARKING SPACES:____
OFF-STREET PARKING: YES__ NO__ #__	SPRINKLER SYSTEM: YES__ NO__ # HEADS__

**CERTIFICATION:**

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

PRINT NAME: \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_