



# Commercial Building Permit Application

P.O. Box 1479, Pelham, Alabama 35124 | 205.620.6411  
permits@pelhamalabama.gov

BUILDING ADDRESS: \_\_\_\_\_ ZONING: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ENGINEER/ARCHITECT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## TYPE OF IMPROVEMENT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New construction           | <input type="checkbox"/> Addition/Renovation | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Repair                     | <input type="checkbox"/> Moving              | <input type="checkbox"/> Reroof        |
| <input type="checkbox"/> Shell/Slab with Electrical | <input type="checkbox"/> Shell/Slab Only     |  |

## BUILDING USE TYPE

- Private     Public

## BUILDING REQUIREMENTS PER 2015 IBC

CONSTRUCTION TYPE: \_\_\_\_\_ TYPE OF FRAME: \_\_\_\_\_ USE GROUP: \_\_\_\_\_

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Multi-family transient        | <input type="checkbox"/> # of units |
| <input type="checkbox"/> Hotel/Motel                   | <input type="checkbox"/> # of units |
| <input type="checkbox"/> Amusement/Recreational        |                                     |
| <input type="checkbox"/> Church/Religious              |                                     |
| <input type="checkbox"/> Parking Garage                |                                     |
| <input type="checkbox"/> Service station/Repair garage |                                     |
| <input type="checkbox"/> Hospital/Institutional        |                                     |
| <input type="checkbox"/> Public Utility                |                                     |
| <input type="checkbox"/> School/Educational            |                                     |
| <input type="checkbox"/> Store                         |                                     |
| <input type="checkbox"/> Other                         |                                     |

- |   |
|---|
| <input type="checkbox"/> NUMBER OF STORIES  |
| <input type="checkbox"/> NUMBER OF OFF STREET PARKING REQUIRED  |
| <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoor  |
| SPRINKLER SYSTEM REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| FIRE SYSTEM MONITORING REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| <input type="checkbox"/> ALLOWABLE BUILDING HEIGHT  |
| <input type="checkbox"/> ACTUAL BUILDING HEIGHT   |
| <input type="checkbox"/> ALLOWABLE BUILDING AREA  |
| <input type="checkbox"/> ACTUAL BUILDING AREA   |
| <input type="checkbox"/> LOT SIZE <input type="checkbox"/> FINISHED SF <input type="checkbox"/> UNFINISHED SF |
| MAXIMUM OCCUPANT LOAD: _____ PERSONS  |

**REQUIRED UTILITIES**

NEW WATER TAP  Meter Size  Number of fixtures; Irrigation meter required?  Size  
 FIRE LINE REQUIRED  Size  
 CITY SANITARY SEWER AVAILABLE  YES  NO  
 NEW SEWER TAP NEEDED  YES  NO  
 IS THE SEWER SERVICE A PRIVATE SEWER  YES  NO  
 If yes, name of district \_\_\_\_\_

SEPTIC SYSTEM (Health Department Permit # \_\_\_\_\_)

NEW ELECTRICAL SERVICE  AMPS  
 REPLACE ELECTRICAL SERVICE  AMPS  
 PRINCIPAL TYPE OF HEATING \_\_\_\_\_  
 Central Air  YES  NO  
 Natural Gas Needed?  YES  NO

**MISCELLANEOUS**

PROPERTY FALL WITHIN A FEMA FLOODPLAIN  YES  NO  
 STREET CUT REQUIRED  YES  NO  
 ELEVATOR REQUIRED  YES  NO  
 NEW BACKFLOW PREVENTER REQUIRED  YES  NO  
 OIL SEPARATOR REQUIRED  YES  NO  
 GREASE TRAP REQUIRED  YES  NO If yes, what size? \_\_\_\_\_ (gallon)

*Please see the city grease policy on installation and maintenance requirements*

LIQUOR LICENSE REQUIRED  YES  NO APPROVED BY COUNCIL  YES  NO  
*A building permit will not be approved until a liquor license has been approved by the city council (if needed)*  
*Please include a copy of council approval with your application*

ZONING APPROVAL  YES  NO

TOTAL CONSTRUCTION COSTS=\$\_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

**EASEMENTS**

DOES THE PROPERTY CONTAIN AN EASEMENT  YES  NO  
 LOCATED ON CIVIL PLAN?  YES  NO

**TRADES**

REQUIRED COMPLETION OF SUBCONTRACTORS LIST (SEPARATE FORM)

*All installation companies associated with this project are required to hold a business license through the City of Pelham. A Stop Work Order will be issued for the project if any contractor is found not to have an appropriate license. No inspections will be performed until proof of license is provided to the Building Department.*

### INSPECTIONS REQUIRED

24-hour notification is required to schedule any inspection. Any contractor found not to have called for proper inspections may be required to remove building materials that hinder the Building Department from doing any inspection. This will be at the contractor's expense. Work shall not be scheduled to occur after hours, weekends or holidays. See building permit card for a listing of required inspections. Call for utility locates prior to digging.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

I HEREBY ACKNOWLEDGE THAT THE FOLLOWING ARE IN VIOLATION OF THE CODE OF ORDINANCES OF THE CITY OF PELHAM: FAILURE TO CONTACT DIG RITE THREE (3) WORKING DAYS PRIOR TO DIGGING; FAILURE TO MAINTAIN PROPER BUSINESS LICENSE WITH THE CITY; STORAGE OF CONSTRUCTION MATERIAL ON CITY/STATE RIGHT-OF-WAY; AND ACCUMULATION OF MUD AND DEBRIS ON CITY STREETS. VIOLATIONS OF THE ABOVE MAY RESULT IN AN ISSUANCE OF A STOP WORK ORDER.

Signature of Applicant

Address

Date

OFFICE USE ONLY

BUILDING SQUARE FOOTAGE: \_\_\_\_\_

PLAN REVIEW FEE: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

ISSUE FEE: \$15 \_\_\_\_\_

TOTAL CONSTRUCTION COSTS: \_\_\_\_\_

TOTAL FEES DUE: \_\_\_\_\_

FEES PAID DATE: \_\_\_\_\_

BUILDING OFFICIAL/INSPECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

ANY ONE-CALL VIOLATIONS WILL BE ISSUED A CITATION FOR MUNICIPAL COURT, AND THE DIFFER IS LIABLE FOR DAMAGES.

