



Residential 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: _____

CONTRACTOR: _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

TYPE OF IMPROVEMENT

New construction Addition/Renovation Change of Use
 Repair Moving
 Shell/Slab with Electrical Shell/Slab Only

REQUIRED DOCUMENTS

Sealed site plan Footing/Foundation details Elevation drawings
 Floor plan Wall section Truss drawings
 Electrical plan Stair Section Finished lower level
(If applicable)

BUILDING REQUIREMENTS PER 2015 IRC

BUILDING HEIGHT: _____ BUILDING SQUARE FOOTAGE: _____

LOT SIZE: _____ LOT COVERAGE: _____% MAXIMUM OCCUPANT LOAD: _____ PERSONS

BUILDING TYPE: Single family home Two family dwelling Townhouse

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 # _____)

REQUIRED UTILITIES (Cont.)

___ 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

NEW BACKFLOW PREVENTER REQUIRED ___ YES ___ NO

EASEMENTS

DOES THE PROPERTY CONTAIN AN EASEMENT ___ YES ___ NO

LOCATED ON PLOT PLAN? ___ YES ___ NO

NUMBER OF PARKING _____

NUMBER OF STORIES _____

NUMBER OF BEDROOMS _____

NUMBER OF BATHROOMS _____

TOTAL NUMBER OF ROOMS _____

TOTAL CONSTRUCTION COSTS=\$ _____

Description of work to be done:

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 UNDERSTAND THAT THE CITY OF PELHAM DOES NOT RESEARCH OR ENFORCE HOMEOWNERS ASSOCIATIONS RULES AND REGULATIONS. THE CITY OF PELHAM HAS ADOPTED THE 2015 INTERNATIONAL RESIDENTIAL CODE.

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.

