

**OFFICE OF THE CHIEF BUILDING INSPECTOR**  
**Application for Building Permit and Certificate of Occupancy**

Application is hereby made for a permit to erect/alter a structure as described herein or shown in accompanying plans and specifications, which structure is to be located as shown on the accompanying plot plan. The information which follows and the accompanying plans and specifications with the representations therein contained are made a part of this application, in reliance upon which the Chief Building Inspector is requested to issue a building permit.

It is understood and agreed by this applicant that any error, misstatement, or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the Chief Building Inspector, shall constitute sufficient ground for revocation of such permit.

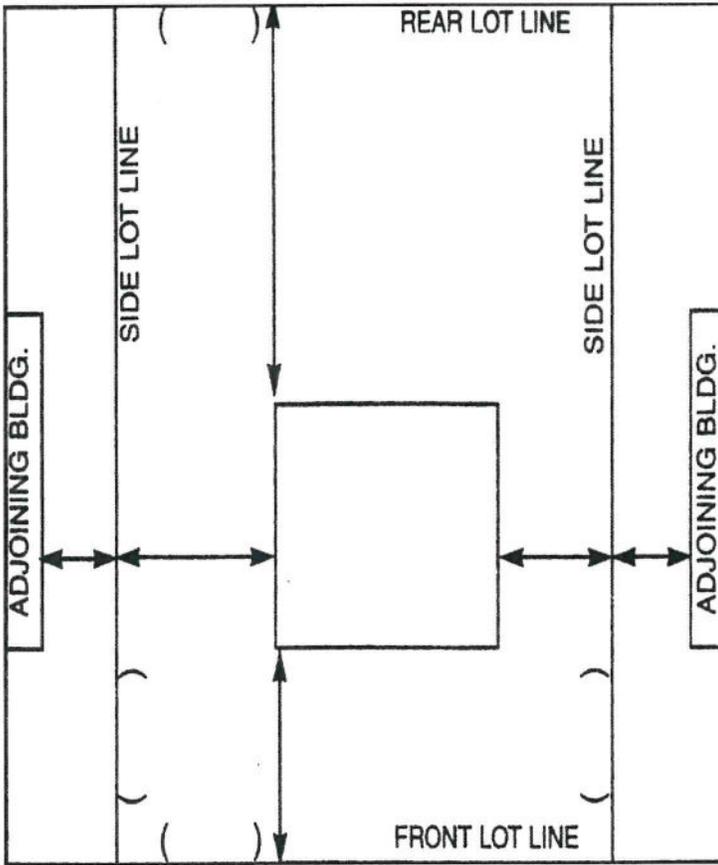
Bldg. Permit No.: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Date: \_\_\_\_\_

Est. Value:\$ \_\_\_\_\_ Fee:\$ \_\_\_\_\_ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alteration  New Bldg.  Acc. Bldg.  Repair  Work  Demolition  Addition  Reroof  Move  starts \_\_\_\_\_ Work not included \_\_\_\_\_ Contractor's Email \_\_\_\_\_



Type Const.	Res. Bldg <input type="checkbox"/> Non Res. <input type="checkbox"/>	Is this in a Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overall Height	No. of ft. Rooms	No. of Families	No. of Floors
Type Roof	Foundation Material	Ext. Wall Material	
Int. Wall Material	No. of Baths	No. of Kitchens	

Application is hereby made for a CERTIFICATE OF OCCUPANCY to use the building and/or premises at the above location for the following purpose(s): \_\_\_\_\_

Name of Occupant: \_\_\_\_\_  
Plumb. \_\_\_\_\_ Elect. \_\_\_\_\_ Mech. \_\_\_\_\_  
Contr. \_\_\_\_\_ Contr. \_\_\_\_\_ Contr. \_\_\_\_\_  
Fire \_\_\_\_\_ Fuel for \_\_\_\_\_ Are plans \_\_\_\_\_  
Place \_\_\_\_\_ Heat \_\_\_\_\_ on file? \_\_\_\_\_

I hereby certify that the information given herein is correct and true. \_\_\_\_\_ (Applicant)

**For office use only:**  
PERMIT above applied for (will) (will not) comply with the Saraland Zoning Regulations.

By \_\_\_\_\_ City Planner (Disapproved) (Approved). If not approved give reasons: \_\_\_\_\_

The above property is zoned \_\_\_\_\_ Parcel No. \_\_\_\_\_ Key No. \_\_\_\_\_