



City of Cordova
 154 Main Street
 Cordova, Alabama 35550
 205-483-9266

Building Permit Application

Permits will not be issued until all fees are paid. No construction can begin until permit is issued.

Building Permit Number: _____

Type of Work:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Building |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Moving | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Temporary Structure | <input type="checkbox"/> Demolition | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Modular Home* | <input type="checkbox"/> Fence | <input type="checkbox"/> Manufactured Home* |

*Additional Information Required

Property Owner:

Name: _____ Phone: _____

Address: _____

Email: _____

Property Location:

Address: _____

Parcel Number: _____ Current Zone: _____

Contractor Name/Address	Phone Number	State License/Certification Number	City License Number	Cost of Work to be Performed

Valuation is \$ _____

I hereby certify that I have read this application and all information contained herein is true and correct. That I agree to comply with all City Ordinances and State Laws regulating construction and that I am the Property Owner or authorized to act as the Property Owner's agent for the herein described work, and Contractor acting as the Property Owner's Agent.

Signature

Date: _____

Building Characteristics:

____ Residential _____ Commercial _____ Multi-Family

____ Other: _____

Lot Size: _____ sq. ft. Lot Width: _____ Lot Length: _____

____ Electric Heat _____ Gas Heat

Building Length: _____ Building Width: _____

____ Plans Attached _____ Attached Garage _____ Accessory Structure

Planning Commission Use Only:

Date Received: _____ Date of Review by Commission: _____

Approved: _____ Denied: _____

Chairman, Planning Commission

Permit #: _____ Issued by: _____ Date: _____

Payment:

Received By: _____ Date: _____

____ Cash _____ Check No. _____ Amount: _____

Application Fee: _____

Plan Review Fee Paid: _____

Inspection Fee Paid: _____

Issuance Fee Paid: _____