



# City of Abbeville

P O Box 427, 101 E. Washington St.  
Abbeville, AL 36310 – Office: 334.585.6444 Fax: 334.585.6982  
www.cityofabbeville.org

## APPLICATION FOR BUILDING PERMIT

APPLICATION IS HEREBY MADE FOR BUILDING PERMIT AND ALL MECHANICAL PERMITS TO CONSTRUCT THE HEREINAFTER DESCRIBED STRUCTURE, THE CONSTRUCTION TO BE IN ACCORDANCE WITH ALL CITY ORDINANCES AND STATE REGULATIONS. PERMIT TO BE POSTED ON BUILDING LOCATION IN CLEAR SITE. CONSTRUCTION TO BE INSPECTED BY CITY INSPECTOR AND REQUIRES 48 HOURS ADVANCE RESERVATION.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS OF WORK SITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_ AL LICENSE # \_\_\_\_\_

IS THE PROPERTY LOCATED IN A SPECIAL FLOOD HAZARD AREA? YES \_\_\_\_\_ NO \_\_\_\_\_

PERMIT REQUESTED FOR DESCRIBED CONSTRUCTION OR WORK TO BE DONE:  
\_\_\_\_\_  
\_\_\_\_\_

CITY ZONING ( ) NEW ( ) REMODEL ( ) ADD ON ( ) DEMOLISH ( ) MOVE ( ) HOUSE TRAILER ( )  
RESIDENTIAL ( ) COMMERCIAL ( ) SEPTIC TANK ( ) CITY SEWAGE ( ) NEW WATER/SEWER TAP ( )

OTHER: \_\_\_\_\_  
\_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

I HEREBY CERTIFY THAT THE ELEVATION ON THE LOT OR AREA UPON WHICH THE BUILDING IS TO BE CONSTRUCTED AND THE FLOOR ELEVATION OF THE BUILDING IS SUFFICIENT TO PROTECT THE LOT AND BUILDING AGAINST STORM DRAINAGE CAUSED BY EXCESSIVE RAINS OR FLASH FLOODS. I HEREBY CERTIFY THAT THE SEWAGE WILL FLOW BY GRAVITY FROM THE BUILDING AND INTO THE CITY SANITARY SEWERAGE SYSTEM.

AS A BUILDER, I HEREBY AGREE TO PROTECT ALL PUBLIC IMPROVEMENTS AND PUBLIC UTILITIES ADJACENT TO OR SERVING THE PROPERTY ON WHICH THE STRUCTURE OR STRUTURES COVERED IN THIS BUILDING PERMIT ARE LOCATED WHETHER OR NOT THE SAID IMPROVEMENTS OR UTILITIES ARE THE PROPERTY OF THE CITY OF ABBEVILLE, I FURTHER AGREE TO MAKE OR CAUSE TO HAVE MADE REPAIRS, SATISFACTORY TO THE CITY OF ABBEVILLE, TO ANY DAMAGE TO THESE PUBLIC IMPROVEMENTS OR UTILITIES RESULTING FROM THE ACTIONS, MISUSE OR LACK OF CARE ON THE PART OF ANY OF MY EMPLOYEES, AGENTS, SUBCONTRACTORS OR SUPPLIERS OF MATERIAL OR SAID PUBLIC IMPROVEMENTS OR UTILITIES.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
OWNER OR AUTHORIZED AGENT

SIGNATURE: \_\_\_\_\_  
CITY CLERK/TREASURER OR DESIGNEE

### SCHEDULE OF PERMIT FEES

INSPECTION REQUIRED FOR: \_\_\_\_\_ SLAB \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ BUILDING \_\_\_\_\_ PLUMBING

Total cost of work to be performed: \$ _____	BLDG PERMIT FEE.....\$ _____
	CICTP (\$1 PER \$1,000) \$ _____
	INSPECTION (TOTAL OF ALL).....\$ _____
	ADMINISTRATIVE FEE.....\$ <u>10.00</u>
	TOTAL COSTS.....\$ _____

(Total valuation shall include the total cost of all work such as plumbing, elevator, escalator, Electrical, fire protection, mechanical, paving, landscaping, grading, overhead and profit, Engineering and architectural design fees, and be equivalent to the end cost of the project.)