

TOWN OF CLEVELAND PO BOX 186 CLEVELAND, AL 35049	DEMOLITION PERMIT APPLICATION	Building Permit # <i>if applicable</i>	
<i>(Commercial Jobs over \$50,000 requires a State of Alabama General Contractor's License)</i>			
Job Address: 			
Owner/Builders Name _____			
A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> New Building 2. <input type="checkbox"/> Addition <i>(if residential enter number of new housing units added)</i> 3. <input type="checkbox"/> Alteration 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Demolition <i>(If multifamily residential, enter number of units in building)</i> 6. <input type="checkbox"/> Moving <i>(relocation)</i> 7. <input type="checkbox"/> Foundation only	C. PROPOSED USE - For "Demolition", most recent use: <div><i>Residential</i> 12. <input type="checkbox"/> One family 13. <input type="checkbox"/> Two or more family <i>(Enter Number of units here_____)</i> 14. <input type="checkbox"/> Transient hotel, motel or dormitory <i>(Enter Number of units here_____)</i> 15. <input type="checkbox"/> Garage 16. <input type="checkbox"/> Carport 17. <input type="checkbox"/> Other... Specify _____</div> <div><i>Non-Residential</i> 18. <input type="checkbox"/> Amusement, Recreational 19. <input type="checkbox"/> Church, other religious 20. <input type="checkbox"/> Industrial 21. <input type="checkbox"/> Parking Garage 22. <input type="checkbox"/> Service Station, repair garage 23. <input type="checkbox"/> Hospital, Institutional 24. <input type="checkbox"/> Office, bank, professional 25. <input type="checkbox"/> Public utility 26. <input type="checkbox"/> School, library, other educational 27. <input type="checkbox"/> Stores, mercantile 28. <input type="checkbox"/> Tanks, towers 29. <input type="checkbox"/> Other...Specify _____</div>		
All utilities must be disconnected from structure prior to any work starting and must be verified by inspection of Town of Cleveland Building Official.			
FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 per \$1,000.00): Total Construction Cost: _____			
B. COST OF DEMOLITION (Omit Cents) \$ _____	Describe in detail work being permitted: _____ _____		
1. Owner of Building	<i>Mailing Address - Number, Street, City, State & Zip</i> _____ _____	<i>Phone</i> _____	
2. Contractor	 _____ _____		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT, ALL PROVISIONS OF LAW AND CIRCUMSTANCES GOVERNING THIS TYPE OF WORK WILL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING GAS INSTALLATION. Gas Contractor: _____ Address: _____ City State Zip Phone # Signature of Master Gas Fitter _____			
BUILDING OFFICIAL	DATE	PERMIT FEE	PERMIT NUMBER

