



LEE COUNTY ALABAMA

COMMERCIAL BUILDING PERMIT APPLICATION

0	Application Date: _____ Applicant is: <input type="checkbox"/> Owner/Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Architect			
1	Project Name: _____			
	Site Address: _____		Building No.: _____	Suite No.: _____
2	Legal Description	Lot: _____	Block: _____	Parcel No: _____
	Lot size: _____	Is this property currently zoned?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Owner: _____		Phone: _____	Fax: _____
	Address: _____		Email: _____	
	City: _____		State: _____	Zip Code: _____
4	Contractor: _____ AL. GC # _____		Phone: _____	Fax: _____
	Address: _____		Email: _____	
	City: _____		State: _____	Zip Code: _____
5	Architect/Engineer _____ AL. Reg # _____		Phone: _____	Fax: _____
	Address: _____		Email: _____	
	City: _____		State: _____	Zip Code: _____
	<i>If the Building Official determines that any construction activity requires special inspection services, it shall be the responsibility of the owner to contract with an independent registered design professional to conduct the inspections and provide the Building Official with written reports of the results.</i>			
6	Structural Engineer: _____ AL. Reg # _____		Phone: _____	Fax: _____
	Address: _____		Email: _____	
	City: _____		State: _____	Zip Code: _____
7	Contact Person: _____		Phone: _____	Fax: _____
	Address: _____		Email: _____	
	City: _____		State: _____	Zip Code: _____

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8	Type of Work (circle one):		New Building/Structure	Foundation Only	Shell Only					
			Renovation	Interior Finish-Out	Addition					
9	Scope of Work: (Provide as much detail as possible. If there are items shown on the construction plans that are not part of the scope of the permit, list these items. Attach separate pages as needed)									
10	Principal use: (Provide products or services that will be provided at the project address)									
11	Construction Type: (Circle Applicable)	I A	I B	II A	II B	III A	III B	IV	V A	V B
	Occupancy Group : (Circle as Applicable)	Assembly	Business (office)	Educational (thru 12 th grade)		Factory		High-Hazard		
		Institutional	Mercantile	Residential		Storage		Utility		
12	Stories:	Total Building Height (ft.):			Height to Highest Floor (ft.):					
	Square Footage of the New building/Foundation/Shell, Finish-Out or Addition (sq. ft.):									
	Increase or (Decrease) in Impervious Cover (sq. ft.) (footprint of the building(s), canopies, concrete, asphalt, pavers, etc. as a result of this project.) (indicate if decrease)									
13	Is any portion of this project located in a Special Flood Hazard Area ?								Yes	No
	Is any portion of this project located in a designated Wetland Area ?								Yes	No
14	Is grading or other land disturbance being done to one acre or more? If YES, A Permit from the Alabama Dept. of Environmental Management is required.								Yes	No
15	Trade Work to be Done (Circle as Appropriate):	Mechanical	Electrical	Plumbing	Fire Sprinkler		Fire Alarm			
	Water Source	Public	Well	Sewer Type		Public	Private			
16	Do you have Health Department approval for private Septic System?								Yes	No
	Attach copy of approval from Health Department				Approval date:					

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17	Mechanical Contractor Name _____ Address, City, State, Zip _____		AL. HVAC License # _____ Phone _____		
	Electrical Contractor Name _____ Address, City, State, Zip _____		AL. EC License # _____ Phone _____		
	Plumbing Contractor Name _____ Address, City, State, Zip _____		AL. PGF License # _____ Phone _____		
18	Valuation \$: (Includes all Work : the total cost to the Owner to construct all elements of the Project designed by the Architect and shall include contractors, general conditions costs, overhead and profit. The Cost of the Work does not include compensation of the Architect, the cost of the land, right-of-way, financing, and contingencies for changes in the work or other cost that are the responsibility of the owner.)				
	Expected Date to Start Construction: _____				
COMPLETE FOR A BUILDING ADDITION					
19	Existing Building Square Footage: _____		New Total Square Footage: _____		
	Existing fire sprinkler system?	Yes No	Proposed fire sprinkler system?	Yes No	
	Existing standpipe system?	Yes No	Proposed standpipe system?	Yes No	
	Existing fire alarm system?	Yes No	Proposed fire alarm system?	Yes No	
	Existing detection system?	Yes No	Proposed detection system?	Yes No	
	Existing smoke control?	Yes No	Proposed smoke control?	Yes No	
ENERGY CONSERVATION					
20	Method of Energy Compliance? (circle one)	IECC Prescriptive Path	IECC Bldg Performance Path	ASHRAE 90.1 Prescriptive	ASHRAE 90.1 Energy Cost Budget
	Building Envelope Air Leakage Compliance - Which Method is Being Used? C402.5 (circle one)		Thermal Envelope Pressure Testing	List of Materials and Assemblies	
	Is Commissioning Required? See IECC section C408 or ASHRAE 90.1-2913 section 6.7.2.4		Yes		No
	If IECC Prescriptive is being used, Circle the additional Energy Package chosen as part of the design (IECC C406)	1.HVAC	2.Lighting Power	3.Lighting Controls	4.Renew energy

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NOTICE				
21	<p><i>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand that this permit belongs to the property owner. I acknowledge that my project may be subject to the requirements of the Americans with Disabilities Act (ADA). If a permit for work described in this application is issued, I certify that the Code Official or Code Official's representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.</i></p>			
22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Applicants Signature:</td> <td style="width: 30%; padding: 5px;">Date:</td> </tr> </table>	Applicants Signature:	Date:	
Applicants Signature:	Date:			
23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Owner Signature <small>(OWNER REQUIRED or Authorized Agent signature below) *:</small></td> <td rowspan="2" style="width: 30%; padding: 5px; vertical-align: middle;">Date:</td> </tr> <tr> <td style="padding: 5px;">Owner Printed Name:</td> </tr> </table>	Owner Signature <small>(OWNER REQUIRED or Authorized Agent signature below) *:</small>	Date:	Owner Printed Name:
Owner Signature <small>(OWNER REQUIRED or Authorized Agent signature below) *:</small>	Date:			
Owner Printed Name:				

*** Owner's Authorized Agent:**

I CERTIFY THAT I AM AN AGENT OF:

Owner/Company/Partnership

Authorized Agent Signature

For Office Use Only

Valuation: \$ _____

Permit Fee: \$ _____

Construction Type: _____

Occupancy Classification: _____

Plans ()

Plot Plan ()

Health Dept. Approval ()

911 Address ()

SFHA Y N Source: ___ADECA ___FIRM

Reviewed/Approved By: _____