

TOWN OF VANCE
 BUILDING INSPECTIONS DEPARTMENT
COMMERCIAL BUILDING PERMIT APPLICATION

JOB LOCATION

Address _____	Project name _____
Legal Description- Lot _____	Block _____ Survey _____

IDENTIFICATION

Name of Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ <hr/> Is Architect or Engineer Supervision Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Plans Drawn By: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer Name _____ Address _____ Phone _____ Email _____ State of AL Registration No. _____	Name of Contractor _____ Address _____ City _____ State _____ Zip _____ Phone _____ Mobile Phone _____ Is Contractor Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Email _____ License Numbers: Town of Vance _____ AL _____ Limit _____ <hr/> Contact Person _____ Phone _____ Email _____
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**TYPE IMPROVEMENT
 PERMIT IS FOR**

TYPE CONSTRUCTION

**OCCUPANCY (USE)
 NON-RESIDENTIAL**

<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repair <input type="checkbox"/> Other (Specify) _____ _____	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV Heavy Timber <input type="checkbox"/> VA <input type="checkbox"/> VB	Assembly (type) _____ <input type="checkbox"/> Business <input type="checkbox"/> Factory <input type="checkbox"/> Mercantile <input type="checkbox"/> High Hazard <input type="checkbox"/> Education <input type="checkbox"/> Storage <input type="checkbox"/> Utility/Miscellaneous <input type="checkbox"/> Institutional/Daycare
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SELECTED CHARACTERISTICS OF BUILDING

Type of Heat: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____ Type of Sewage Disposal: <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Vance <input type="checkbox"/> Other _____ Type of Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Individual (well, etc.) Will there be an Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be off street parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of spaces to be provided: _____	<p style="text-align: center;">DIMENSIONS</p> Number of Stories: _____ Sq. Ft. Living Area: _____ Sq. Ft. of Non-Living Area: _____ Total Sq. Ft.: _____ <hr/> <p style="text-align: center;">MULTI-FAMILY RESIDENTIAL BUILDINGS ONLY</p> Number of Units: _____ Number of Bedrooms: _____ Number of Bathrooms: _____
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CERTIFICATION

I hereby certify; That I have read this application and that all the information contained herein is true and correct; That I agree to comply with all City ordinances and state laws regulating building construction; That I am the owner or authorized to act as the owner's agent for the herein described work; And, that the total contract or valuation is: ---

\$ _____ Name of Company _____

Date _____ Signature _____

(By Owner or Authorized Agent)

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

<u>APPROVED BY</u>	<u>JOB COST</u>	<u>PERMIT FEE</u>	<u>DATE PERMIT ISSUED</u>	<u>PERMIT NUMBER</u>

Zoning of Property _____

Post Foundation Survey Required? ___Yes ___No