

**Application for Building Permit and Certificate of Occupancy**

Application is hereby made for a permit to erect/alter a structure as described herein or shown in accompanying plans and specifications, which structure is to be located as shown on the accompanying plot plan. The information which follows and the accompanying plans and specifications with the representations therein contained are made a part of this application, in reliance upon which the building official is required to issue a building permit.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the building official, shall constitute sufficient ground for the revocation of such permit.

**\*Please note that in accordance with Section 104.6.1 of the Standard Building Code, 1997, a permit shall become invalid unless the work authorized by this permit is commenced within 6 months after its issuance, or if the work authorized by this permit is suspended or abandoned for a period of 6 months after the time the work is commenced.**

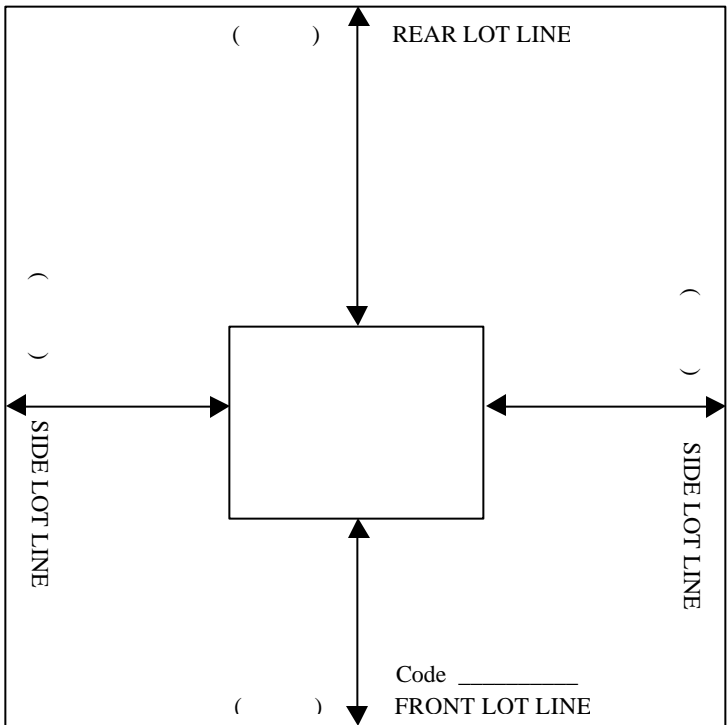
Bldg. Permit No. \_\_\_\_\_ Gross Est. Value \$ \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Legal Description \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Arch./Eng. \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_



Type Const.	Occ. Group	No. of Families	No. of Rooms
No. of Kitchens	No. of Baths	No. of Floors	Type Roof
Found. Mat.	Ext. Wall Material	Int. Wall Material	Res. Bldg. <input type="checkbox"/> Non. Res. <input type="checkbox"/>

Elevation Zone \_\_\_\_\_

Sidewalk Required (yes  no ) \_\_\_\_\_

“DESCRIPTION OF CONSTRUCTION”  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*THIS PERMIT DOES NOT APPLY TO THE U.S. GOV'T AMERICANS WITH DISABILITIES ACT REQUIREMENTS**

ISSUED BY \_\_\_\_\_

I hereby certify that the information shown herein is correct and true; and all construction will be in accordance with all applicable codes.

X

1. Is this location in any HISTORIC DISTRICT?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is this located in a FLOOD ZONE?  
Yes \_\_\_\_\_ No \_\_\_\_\_

PERMIT above applied for (will) (will not) comply with the Mobile Zoning Regulations.

By \_\_\_\_\_ Zoning Examiner (Disapproved) (Approved)

If not approved give reasons: \_\_\_\_\_

THE ABOVE PROPERTY IS ZONED \_\_\_\_\_ SPECIAL REQUIREMENTS \_\_\_\_\_