

CITY OF DAPHNE  
 BUILDING INSPECTION DEPARTMENT  
 GENERAL BUILDING PERMIT APPLICATION



DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_ PERMIT FEE AMOUNT: \_\_\_\_\_ ZONED: \_\_\_\_\_

**PROPERTY LEGAL DESCRIPTION - REQUIRED INFORMATION**

PPIN: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ PHASE / BLOCK #: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ Is above Property located in Flood Plain:  Yes  No

**APPLICANT / PROPERTY OWNER INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

**CONTRACTOR INFORMATION**

TRADE TYPE:  Building  Electrical  HVAC  Plumbing  Other: \_\_\_\_\_  
 LEGAL BUSINESS NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DAPHNE BUSINESS LICENSE #: \_\_\_\_\_ GEN. CONTRACT. LICENSE #: \_\_\_\_\_  
 HOME BUILDER'S OR STATE TRADE LICENSE #: \_\_\_\_\_

**APPLICATION NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERMIT APPLICATION TYPE**

TYPE OF DEVELOPMENT:	<input type="checkbox"/> Addition	COSTS: Building Valuation	\$ _____
	<input type="checkbox"/> Alteration/Repair	Permit Fee	\$ _____
	<input type="checkbox"/> Tenant Build-Out	Plan Review Fee	\$ _____
CLASS OF BUILDING:	<input type="checkbox"/> Commercial	Land Disturbance/CBMPP	\$ _____
	<input type="checkbox"/> Residential	TOTAL DUE	\$ _____
	<input type="checkbox"/> Multi-Family	<i>(Note: All checks/money order must be made payable to the "City of Daphne")</i>	

**GENERAL BUILDING PERMIT APPLICATION AGREEMENT**

Application is hereby made to the Building Official of the City of Daphne for approval of plans herewith submitted for the erection of the building herein described. Applicant shall comply with all provisions of the current Building Codes and Zoning Ordinances during the erection of said building, or buildings, whether specified herein or not. *I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision and that I have personally examined, and am familiar with, the information in this document and such attachments. I believe the submitted information to be true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and civil penalty. I accept responsibility for carrying out adequate erosion and sediment control measures for the project as required by the City of Daphne. I further grant the right of access onto this property, as described above, to the designated personnel of the City of Daphne for the purpose of inspecting and monitoring for compliance with all applicable ordinances.*

\_\_\_\_\_  
 Applicant Signature Applicant Printed Name Date