CITY OF DAPHNE BUILDING INSPECTION DEPARTMENT NEW RESIDENTIAL & COMMERCIAL PERMIT APPLICATION



DATE:		PERMIT NO.:			ZONED:			
OWNER INFO	ORMATION -	*ALL INFORMATION	ON BELO	OW IS REQUIRE	D			
PROJECT ADI	DRESS:							
PPIN#:	Sl	JBDIVISION:	L		LOT #:		PHASE / BLOCK #:	
OWNER NAM	E:							
MAILING ADD	DRESS:				CITY, STATI	E, ZIP_		
PHONE:			FAX: _		EM	IAIL:		
CONTRACTO	R/CONTACT	INFORMATION						
TRADE TYPE:	☐ Build	ding 🗌 Elec	ctrical	☐ HVAC	☐ Plumbin	ng	Other:	
LEGAL BUSIN	IESS NAME: _							
ADDRESS:					CITY, STATI	E, ZIP_		
PHONE:			FAX: _		EM	IAIL:		
CONTACT NA	ME (If differer	nt than above):				-	TITLE:	
PHONE:			FAX: _		EM	IAIL:		
DAPHNE BUS	INESS LICEN	SE #:			GEN. CONT	RACT.	LICENSE #:	
HOME BUILD	ER'S OR STAT	TE TRADE LICENSE	#:					
PLAN INFOR	MATION							
PLANS DRAW	/N BY:	☐ Architect	☐ De	signer	Other:			
NAME:								
ADDRESS:								
PERMIT APPI	LICATION TY	PE						
TYPE OF DEVELOPMENT: New Building				Shell Building	Addition	☐ Al	teration/Repair	
CLASS OF BU	ILDING:	Commercial	R	esidential	Multi-Family			
COSTS:	Building	Valuation	\$					
	Permit F	ee	\$					
	Plan Rev	view Fee	\$					
	Land Dis	sturbance/CBMPP	\$					
	Constru	ction Trailer	\$					
	TOTAL	DUE**	\$		**All payment:	s must be	made payable to the "City of Daphne"	

APPLICATION NOTES:		
		
GENERAL BUILDING PERMIT APPLICATION	ON AGREEMENT	
and shall in fact develop the subject buildin standing water, erosion of soils and loss of to include, but not limited to, paved ditches	hereby certify to the Building Official of the City of Daphring and property in such manner as to mitigate conditions trees and/or property. I will assume the cost of any requires, dirt ditches, junction boxes, inlets, etc. when developing les. Further, I certify that the sewage will flow by gravity of	such as would or might result in flooding ed drainage pipe and/or drainage structures property in low lying areas, drainage plains
the structure or structures covered in this bu of Daphne. I further agree to make or o	ee to protect all public improvements and public utilities a uilding permit are located whether or not the said improven cause to have made repairs, satisfactory to the City of the actions, misuse or lack of care on the part of any of ments.	nents or utilities are the property of the City Daphne, to any damage to these public
Management Practices for Residential Dwell	required by City of Daphne Ordinance No. 2014-14 (A lings and Other Land Disturbance Within the City of Daphn d disturbing activity, and to implement and maintain suc	e) to submit a Best Management Practices
	quired by City of Daphne to comply with Ordinance No. 20 omote the public health, safety and general welfare and to	
that under no circumstances will a building	showing the location of the structure, as is required, with the permit be issued without this plot plan. I further unders cions Officer with the measurements, and that this setback	tand that I am required to set a line on al
	ld harmless the City of Daphne and all related parties a perty done contrary to this certification and agree that the ation.	
	at I have read this application, front & back and state the inances and State Laws regulating building construction.	above information is true and correct and
l, the undersigned, have completed and att	tached all four (4) pages of this Building Permit Applicatio	n.
Owner/Contractor Signature	Owner/Contractor Printed Name	
ANTIELA OTTITUCIOI STUTIUTUTE	Owner/Contractor Printea Name	Date

CONTRACTOR INFORMATION

DATE:	CONTRACTOR NAI	ME:	
ADDRESS:		CITY, STATE, ZIP	
DAPHNE BUSINESS LICENSE #*:		SITE LOCATION:	
PHONE:	FAX:	EN	MAIL:
complete before this document will be r notify the Building Inspection Departme	eviewed. All subcontractors ent of any changes in contra before start of work. Until al	performing work on this job sh ctors or subcontractors before I subcontractors are licensed, a	ermit will be issued. All information must be ould be listed below. It is your responsibility to completion of this project. All subcontractors Certificate of Occupancy will not be issued. By
Contractor Signature	Contractor	Printed Name	Date

SUBCONTRACTOR LIST

DAPHNE BUSINESS LICENSE NUMBER	TYPE OF WORK	FIRM OR INDIVIDUAL NAME	ADDRESS/PHONE
	AC/Heating		
	Alarm System		
	Cabinets/Bookcases		
	Carpenter/Framing		
	Carpenter/Trim		
	Ceiling/Acoustical		
	Clean-up		
	Concrete Finisher		
	Electrical Work		
	Elevator/Shafts		
	Exterminator		
	Fencing-All types		
	Flooring-All types		
	Glass/Glazing		
	Grading/Excavating		
	Insulation/Weather Strip		
	Landscape/Shrubs/Grass		
	Lot Clearing		
	Masonry Contractor		
	Material Supp. Delivered		
	Metal Wall/Panels/Pat.		
	Ornamental Metal		
	Painting/Int. Decorator		
	Plumbing/Gas		
	Roads/Streets/Driveways		
	Roofing/Siding		
	Septic Tank		
	Sheet Metal		
	Sheet Rock/Finishing		
	Sheet Rock/Hanging		
	Sprinkler System		
	Steel Pacing & Erection		
	Swimming Pools, etc.		
	Tile/All Classes		
	Low Voltage Alarm System		

Rev. 11-01-2019

CITY OF DAPHNE BUILDING INSPECTION DEPARTMENT BUILDING PERMIT APPLICATION SUBMITTAL CHECKLIST



DATE:		PERMIT NO.:		TYPE:		
HEATED/COO	HEATED/COOLED SQ. FT.:			NON HEATED/COOLED SQ. FT.:		
OWNER INFO	RMATION					
PROJECT ADD	PRESS:					
SUBDIVISION:	=		LOT #:	UNIT #:		
CONTRACTOR	₹:		EMAIL ADDRESS:	i		
CONTACT NA	CONTACT NAME:			PHONE:		
BUILDING PE	RMIT APPLICATION RE	QUIRED FORMS CHECKLIST				
SUBMITTED (CHECK HERE)		FORM NAM	ИE		FOR CITY USE ONLY RECEIVED BY/DATE	
	Business License Revie	w – License #:				
	Engineered Plans – 2 So	ets				
	Truss Specifications					
	Plot Plan					
	СВМРР					
	ADEM Permit (if applic	able)				
	Subcontractor List					
	Sewer & Water Tap Pay	vment				
	Site Disturbance Permi	t for Commercial Sites				
	Other					
			Confirm A	oplication Complete		

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