



## Commercial Building Permit Application

*A complete set of stamped building plans must be submitted along with the completed application.*

Permit Type: (circle) NEW ADDITION ALTERATION REPAIR OTHER (describe) \_\_\_\_\_

Building Type: (circle) APARTMENTS HOTEL COMMERCIAL CHURCH INSTITUTION OTHER (describe) \_\_\_\_\_

Zoning: (circle) COMMERCIAL MULTI-FAMILY OTHER (describe) \_\_\_\_\_

Project Name: \_\_\_\_\_ Total No. of Structures: \_\_\_\_\_

Contractor/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Building Dimensions: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Total Construction Cost for the Project: \$ \_\_\_\_\_

Construction Type: (circle) I II III IV V VI Occupancy Type: (circle) A B E F H I M R S

General Contractor: \_\_\_\_\_ AL Lic. No. \_\_\_\_\_ City Lic. No. \_\_\_\_\_

Construction Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ AL Lic. No. \_\_\_\_\_ City Lic. No. \_\_\_\_\_

Architect/Engineer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Subcontractors:** \*\*Engineering shall be notified if subcontractors change during the course of the job.

Electrical: \_\_\_\_\_ Phone \_\_\_\_\_ AL Lic. No. \_\_\_\_\_ City Lic. No. \_\_\_\_\_

Plumbing: \_\_\_\_\_ Phone \_\_\_\_\_ AL Lic. No. \_\_\_\_\_ City Lic. No. \_\_\_\_\_

HVAC: \_\_\_\_\_ Phone \_\_\_\_\_ AL Lic. No. \_\_\_\_\_ City Lic. No. \_\_\_\_\_

**I have read this document and state that the information provided is correct and I agree to comply with all local ordinances and state laws regarding building construction. I hereby authorize representatives of the City of Enterprise to enter the above-mentioned property for inspection purposes.**

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 14 calendar days for review and approval.

OFFICE USE ONLY	
Building Permit:	\$ _____
Inspection Fees:	\$ _____
State of AL Industry Craft Training Fee: (\$1 per \$1,000)	\$ _____
Total Permit Fee:	\$ _____
Water Fee(s):	\$ _____
Grand Total:	\$ _____

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_