

CITY OF MONROEVILLE

125 East Claiborne Street, P.O. Box 147
Monroeville, AL 36461
Phone No. 251-575-2081 Fax No. 251-743-3547

COMMERCIAL BUILDING PERMIT APPLICATION

Permit No. _____

Site Address: _____

Map Sheet: _____ Parcel No: _____ Block _____

Owner: _____ Address: _____

Contractor: _____

State Contractors License No.: _____

City: _____ State: _____ Phone No.: _____

Subcontractors: _____

Designer/Architect/Engineer: _____

Occupancy: _____ Type of Construction: _____

Work Class: New _____ Alteration _____ Repair _____ Demolition _____ Other _____

Description of Work: _____

Building Area: _____ Lot Size: _____

Setbacks (feet): Front _____ Rear _____ Sides _____

Construction Cost (labor & materials): _____

Permit Fee: _____ Sewer Tap Fee (if applicable): _____

Construction Start Date: _____ Permit Issue Date: _____

Permit Issued By: _____ Building Official

I hereby acknowledge that I have read this completed permit form and know the information given to be true and correct, and I agree to comply with all city ordinances and codes, and state laws regulating building construction and use.

Signature of Applicant: _____

Notice: This document becomes the building permit when signed by the Building Official or his representative.