

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
 710 20th Street, North
 ROOM 210, CITY HALL
 BIRMINGHAM, ALABAMA 35203

Larry P. Langford
Mayor

Andre V. Bittas
Director

CONDEMNATION REPAIR PERMIT APPLICATION	Date _____ Case No. _____ Master No. _____ Project No. _____
P.I.D. No.: _____ Address Verified By: _____ Modified Address: _____	

Please print or type legibly and fill in all that apply

Job Site Address: _____
 Location: (floor, wing, suite, etc.) _____
 Project Name _____

<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE:() _____ CELLULAR:() _____ FAX:() _____ PAGER:() _____ EMAIL: _____	STATE G.C. LICENSE NO. _____ <input type="checkbox"/> Contractor* <input type="checkbox"/> Developer* <input type="checkbox"/> Designer* <input type="checkbox"/> Engineer* NAME: _____ COMPANY NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE:() _____ CELLULAR:() _____ FAX:() _____ PAGER:() _____ EMAIL: _____ <small>*Applicant is required to be authorized by owner to undertake work</small>
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CONTACT PERSON: _____ ADDRESS: _____
 CITY/STATE/ZIP: _____ PHONE:() _____ CELLULAR:() _____
 FAX:() _____ PAGER:() _____ EMAIL: _____

WORK TYPE: Condemnation PERMIT TYPE: Condemnation Repair

CONTRACT VALUE \$ _____

DESCRIPTION OF WORK: _____

Notes:

1. Condemned property address and owner's address cannot be the same.
2. All work shall comply with **MHC (Minimum Housing Code.)**

TRADE PERMIT	PENALTY FEE	PENALTY FEE WAIVED	PERMIT FEE WAIVED	Code Edition _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report Code _____
OCCUPANCY TYPE:				
Assembly Uses: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5	Business Uses: <input type="checkbox"/> B	Educational Uses: <input type="checkbox"/>		
Factory Uses: <input type="checkbox"/> F1 <input type="checkbox"/> F2	Hazardous Uses: <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5	Mercantile Uses: <input type="checkbox"/> Mixed Uses: <input type="checkbox"/>		
Group I Uses: <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3	Storage Uses: <input type="checkbox"/> S1 <input type="checkbox"/> S2	Utility & Miscellaneous Uses: <input type="checkbox"/>		
Residential Uses: <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4				

CONSTRUCTION TYPE: IA IB IIA IIB IIIA IIIB IVHT VA B

Proposed Use: _____
 Impact Fee No: _____
 Building Sq. Ft.: _____ Largest Floor Area Sq. Ft.: _____ Construction Floor Area Sq. Ft.: _____
 Building Hgt. Ft.: _____ Maximum Occupancy: _____ Change in Occupancy Type? Yes No
 Number of Units: _____ Number of Stories: _____ Sprinkler: Yes No

UTILITIES: Fire Suppression: Yes No Electrical: Yes No Gas: Yes No
 Mechanical: Yes No Fire Sprinkler: Yes No Plumbing: Yes No
 Fire Alarm: Yes No Fuel Tank: Yes No Elevator: Yes No

CERTIFICATION

I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her behalf and that I may be required to provide written documentation of such authorization to the City of Birmingham.

If the valuation on a commercial project is \$50,000 and over, the contractor **must** have an Alabama General Contractors license.

If the valuation on a residential project is \$10,000 and over, the contractor **must** have an Alabama Home Builders license.

Signature (Applicant)

Date

Business License Number

FOR STAFF USE

Comments _____

By: _____

Plans Examiner _____ Soil Erosion Permit No. _____ Permit Cost \$ _____

Clerk _____ Zoning _____ Receipt No. _____