

PLEASE PRINT LEGIBLY
ONE-PERMIT APPLICATION FOR THE CITY OF LEEDS, ALABAMA
DEPARTMENT OF DEVELOPMENT SERVICES – BUILDING DIVISION
 1400 9TH STREET, LEEDS, AL 35094 P.205.699.2585
DEVELOPMENT@LEEDSALABAMA.GOV * leedsalabama.gov

PERMIT TYPE: (RESIDENTIAL, COMMERCIAL, ETC.)	PERMIT CLASS: (NEW, ALTERATION, ADDITION, ETC.)

1. APPLICANT INFORMATION:		
APPLICANT NAME:	COMPANY:	
APPLICANT ADDRESS (PHYSICAL):		
APPLICANT ADDRESS (MAILING):		
CITY:	STATE:	ZIP:
PHONE:	CELL:	ALT#:
EMAIL:		
IS WORK BEING PERFORMED BY HOMEOWNER? <input type="checkbox"/> YES (GO TO PART 3) A HOMEOWNER'S EXEMPTION FORM MUST BE COMPLETED <input type="checkbox"/> NO -(GO TO PART 2)		

2. DESIGN PROFESSIONAL INFORMATION:		
APPLICANT NAME:	COMPANY:	
APPLICANT ADDRESS (PHYSICAL):		
APPLICANT ADDRESS (MAILING):		
CITY:	STATE:	ZIP:
PHONE:	CELL:	ALT#:
EMAIL:		

3. PROPERTY OWNER INFORMATION:		
<input type="checkbox"/> SAME AS APPLICANT	PROPERTY OWNER NAME:	
RESPONSIBLE DESIGNEE:		
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:		
PHONE #:	ALT#:	

4. ELECTRICAL CONTRACTOR INFORMATION:	
NAME:	LEEDS BUSINESS LICENSE #

5. MECHANICAL CONTRACTOR INFORMATION:	
NAME:	LEEDS BUSINESS LICENSE #

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6. PLUMBING CONTRACTOR INFORMATION:				
NAME:		LEEDS BUSINESS LICENSE#:		
7. GAS CONTRACTOR INFORMATION:				
NAME:		LEEDS BUSINESS LICENSE#:		
8. PARCEL INFORMATION:				
SITE ADDRESS:				
TAX PARCEL IDENTIFICATION #:				
SUBDIVISION:				
LOT:	BLK:	PHASE:	SECTOR:	ADDITION:
9. BUILDING CHARACTERISTICS:				
OCCUPANCY TYPE:		TYPE OF CONSTRUCTION:		
CONDITIONED SQ. FT.:		UNCONDITIONED SQ. FT.:		
ATTACH PLOT PLAN (IF NEW OR ADDITION)		ATTACH PLANS IF REQUIRED BY STATE CODE? YES_____ NO:_____		
METHOD OF COMPLIANCE WITH ENERGY CODE:		IF PRESCRIPTIVE METHOD IS NOT YOUR METHOD COMPLIANCE - ATTACH ENERGY DOCUMENT(S).		
10. SANITARY SYSTEM:				
BY SIGNING BELOW, I/WE ACKNOWLEDGE THAT I/WE UNDERSTAND ALL LAWS RELATED TO SEWAGE DISPOSAL AND THAT I/WE ARE IN COMPLIANCE WITH ALL RULES AND REGULATIONS RELAT TO SAME BY FEDERAL, STATE, COUNTY AND CITY LAWS.				
PRINTED NAME:		SIGNATURE:		
11. WATER SERVICE:				
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> WELL	<input type="checkbox"/> OTHER		
12. FEES:				
THE BUILDING PERMIT FEE IS 1.2% OF THE VALUE OF THE WORK BEING PERFORMED, THE MINIMUM PERMIT FEE IS \$30.00. (ATTACH FEE CALCULATION FORM)				
VALUATION OF WORK:		TOTAL FEE:		

ACKNOWLEDGEMENT/CERTIFICATION:

By acceptance of this Permit, I/We agree to conform to all rules, regulations, and ordinances of the City of Leeds, Alabama including, but not limited to, those ordinances concerning, construction, heating, air conditioning, plumbing, electrical wiring, waste disposal, and paving. I/We further agree to hold the City of Leeds harmless from all claims, costs, penalty, or damages from whatever source that may arise on account of this authorization/permit being issued by the City of Leeds to the applicant, including, but not limited to, a reasonable attorney's fee and court costs and all other costs related thereto including, without limitation, the costs association with enforcement of any rule, regulation or statute. I/We acknowledge that the City staff shall have the right to amend, stay and/or void the subject authorization issued under this application for a violation of any rule, regulation, state statute, or ordinance of the City of Leeds as may be discovered by whatever source or means, in the sole discretion of the City. It is acknowledged that it is incumbent solely on the applicant to ensure that they are fully aware of any and all such rules or regulations associated with the project activities work or activity being permitted. I full acknowledgement of my/our commitments contained herein above; I sign my name below with full authority to do so.

Signature:	Print Name:
Company:	Date:

<input type="checkbox"/> APPROVED/ <input type="checkbox"/> DECLINED BY:
DATE:

ONE PERMIT APPLICATION CERTIFICATION

I, _____, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

Signature of Owner/Project Supervisor

STATE OF ALABAMA
COUNTY OF

_____ s.s. _____ 20_____. Then personally appear the above named _____ and made an oath that the above statement is true.

Before me,

Notary Public