

CITY OF FOLEY
INFORMATION REQUIRED TO APPLY FOR A PERMIT
{COMMERCIAL}

- ___ 1) **Three (3) full sets of plans including a plot plan, PDF of plans, ComCheck.**
- ___ 2) **Completed building permit application and 50K.**
- ___ 3) **Proof of current City of Foley business license, and proof of current State of Alabama General Contractors License, if applicable.**
- ___ 4) **Health department certificate of release for septic tank, or documentation of sewer service.**
- ___ 5) **Three (3) full sets of fire alarm and/or sprinkler plans, if applicable, stamped by a professional engineer.**

ENGINEERING DEPARTMENT

- ___ 6) **Land Disturbance Permit**

PLEASE NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUIRED PRIOR TO THE ISSUANCE OF A PERMIT.

	Designer	Owner	Contractor
Name	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____
E-mail	_____	_____	_____

I HEREBY CERTIFY THAT I HAVE SUBMITTED ALL OF THE ABOVE LISTED ITEMS.

CONTACT PERSON
(PLEASE PRINT): _____

PHONE: _____ **FAX:** _____ **E-MAIL** _____

SIGNATURE: _____

CITY OF FOLEY
APPLICATION FOR BUILDING PERMIT
{COMMERCIAL}

New: _____ **Addition:** _____ **Remodel:** _____ **Other:** _____

Physical Address: _____

Subdivision: _____ **Lot #:** _____

Contractor: _____ **Phone:** _____

Address: _____ **Email:** _____

State of Alabama#: _____ **City of Foley#:** _____

Owner: _____ **Phone:** _____

Address: _____ **Email:** _____

Tax Parcel #: _____ **Pin #:** _____

Zoning: _____ **Flood Zone:** _____ **Sewer System:** _____

Report Code: _____ **Type of Construction:** _____ **Sq. Footage:** _____

Current Occupancy Type: _____ **Proposed Occupancy Type:** _____
(Assembly, Business, Educational, Factory Industrial, Hazardous, Institutional, Mercantile, Residential, Storage)

Project Valuation: \$ _____ **Permit Fee:** \$ _____

Plan Review Fee: \$ _____ **Receipt #:** _____ **Date:** _____

Zoning Fee: \$ 50.00 **Receipt #:** _____ **Date:** _____

CICTP Fee: \$ _____ **Receipt #:** _____ **Date:** _____

Impact Fee: \$ _____ **Receipt #:** _____ **Date:** _____

Comments: _____

SUB-CONTRACTORS: PLEASE LIST NAME, ADDRESS, AND PHONE NUMBER.

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

PERMIT RELEASE/DATE

ZONING/DATE

FLOOD DETERMINATION/DATE

Approved Date

Contractor Signature Date Valuation