

CALHOUN COUNTY - BUILDING PERMIT

BUILDING • ELECTRICAL • MECHANICAL • PLUMBING

APPLICATION DATE _____ COMPLETION DATE _____

OWNER _____	CONTRACTOR _____
ADDRESS _____	ADDRESS _____
	LICENSE NO. _____ PHONE _____

SEPTICTANK NO. _____ VALIDATED BY _____

CITY SEWER RECEIPT NO. _____

DESCRIPTION OF PROPERTY

STREET _____ LOT _____ BLOCK _____ PARCEL _____

S/D _____ SEC. _____ TWP. _____ RANGE _____

PERMIT TO: () CONSTRUCT () ENLARGE () ALTER () DEMOLISH () MOVE

TYPE OF OCCUPANCY _____ PROPERTY ZONED _____

TYPE OF CONSTRUCTION _____ VALUATION _____

BFE _____	FLOOD ZONE: A <input type="checkbox"/> V <input type="checkbox"/> OTHER _____
MAP# _____	REQUIRED LOWEST FLOOR ELEVATION _____ MSL <small>(If V Zone, required elevation of the bottom of the lowest horizontal structural member)</small>
MAP DATE _____	ACTUAL LOWEST FLOOR ELEVATION _____ MSL

NATURE OF WORK _____

SIZE OF BUILDING _____ SQ. FT. AREA _____	
LOT SIZE _____ NO. OF BUILDINGS _____ BUILDING FEE: _____	
PLUMBING CONTRACTOR _____	
LICENSE NO. _____ PHONE _____ PLUMBING FEE: _____	
ELECTRICAL CONTRACTOR _____	
LICENSE NO. _____ PHONE _____ ELECT. FEE: _____	
MECHANICAL CONTRACTOR _____	
LICENSE NO. _____ PHONE _____ MECH. FEE: _____	
OTHER _____	
LICENSE NO. _____ PHONE _____ OTHER FEE: _____	

NOTICE

ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE CALHOUN COUNTY ZONING, BUILDING ORDINANCE, AND STATE LICENSE REGULATIONS – PERMIT VOID IF WORK NOT STARTED WITHIN 6 MONTHS – PERMIT MAY BE VOIDED FOR VIOLATION OF CALHOUN COUNTY ORDINANCE PERTAINING HERETO.

TOTAL FEES: _____

DATE APPROVED _____

SIGNED _____

OWNER - CONTRACTOR

BY _____

DIRECTOR OF INSPECTION DEPT. _____

Nº 09906