



CITY OF BOAZ

112 NORTH BROAD STREET
BOAZ, ALABAMA 35957

BUILDING DEPARTMENT

PERMIT # _____
PERMIT FEE _____

BUILDING PERMIT APPLICATION

Applicant Name: _____ Project Name: _____ Mailing Address: _____ _____	Site Address: _____ _____ Phone Number: () - . Email Address: _____ Mobile Number: () - .
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Type of Improvement:
 New Building Addition Remodel Moving Demolition Electrical Service Other _____

Proposed Occupancy:
 Single Family Multi-family Commercial N/A

Total Heated Square Footage: _____ Total square footage under roof: _____
 Total cost of improvements; material and Labor. \$ _____

Name / Phone Number	Mailing Address
Owner: _____	_____
Contractor: _____	_____
Architect: _____	_____

Hwy 431 and Hwy 168 Overlay District

Is the Proposed development located in the Hwy 431 or Hwy 168 Overlay Districts? Yes No

If Yes, applicable plans and specifications shall be submitted prior to a permit being issued.

Notice

It is the Contractor/owner's responsibility to dispose of the refuse from the job site. A site inspection is necessary to approve the setbacks per Boaz Zoning Ordinance 2021- 1154. All work is subject to inspection. Any work for which an inspection is required that is commenced without inspection, is subject to removal, excavation, demolition, repair or alternation at the building inspectors discretion. The permit must be displayed in plain view at the jobsite. This permit is issued subject to the condition that the party receiving the same will fully comply with the City Ordinances as made and provided to regulate the erection, removal, repair and alternation of buildings and structures in the City of Boaz, otherwise this permit shall become void, and the party may be liable to such penalties and fines as may be provided for violation of said Ordinance. This permit is valid for six months from date of issuance. Any extension of time must be approved by the Building Inspector. It is understood that the permit will not grant any right or privilege to erect any building or structure or to use any premises herein described for any purpose or in any manner prohibited by the City of Boaz Zoning Ordinance.

I understand that this submission may be verified by Planning Department staff if necessary for completeness within 5 business days. I authorize the building official (and/or) Planning staff to take any action necessary to review and act on this application and release him/her for any such actions.

I have read the above notice and fully agree to abide by all state, local codes and City Ordinances and understand that any violation may result in revocation of this permit, penalties and fines as prescribed by law. I have also received a copy of the residential checklist and will comply with those requirements.

Applicant's Signature: _____	Date: _____
Applicant's Name (Please print): _____	
Inspector's Approval: _____	

Received By: _____

Date: _____