

**CITY OF FULTONDALE  
INSPECTIONS DEPT.**

1015 Old Walker Chapel Rd, P. O. Box 699, Fultondale, Alabama 205-841-8306

**DEMOLITION PERMIT APPLICATION**

*(Commercial Jobs over \$50,000 requires a State of Alabama General Contractor's License)*

IMPORTANT – Complete ALL items. Mark boxes where applicable.

**I. LOCATION OF BUILDING (Section 1 must be completed by all applicants)**

Number & Street	Subdivision	Lot	Block	Zoning
Parcel ID Number	Section	Township	Range	

**II. TYPE AND COST OF BUILDING – (Section II, Parts A-C must be completed by all applicants)**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1. <input type="checkbox"/> New Building</p> <p>2. <input type="checkbox"/> Addition <i>(if residential, enter number of new housing units added, if any, in Part D, 13)</i></p> <p>3. <input type="checkbox"/> Alteration <i>(See 2 above)</i></p> <p>4. <input type="checkbox"/> Repair, replacement</p> <p>5. <input type="checkbox"/> <b>Demolition</b> <i>(If multifamily residential, enter number of units in building in Part D, 13)</i></p> <p>6. <input type="checkbox"/> Moving <i>(relocation)</i></p> <p>7. <input type="checkbox"/> Foundation only</p>	<p><b>C. PROPOSED USE – For “Demolition”, most recent use:</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p align="center"><i>Residential</i></p> <p>12. <input type="checkbox"/> One family</p> <p>13. <input type="checkbox"/> Two or more family – Enter <i>Number of units here _____</i></p> <p>14. <input type="checkbox"/> Transient hotel, motel or dormitory – Enter number of units here __</p> <p>15. <input type="checkbox"/> Garage</p> <p>16. <input type="checkbox"/> Carport</p> <p>17. <input type="checkbox"/> Other...Specify _____ _____</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center"><i>Non-Residential</i></p> <p>18. <input type="checkbox"/> Amusement, recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking Garage</p> <p>22. <input type="checkbox"/> Service Station, repair garage</p> <p>23. <input type="checkbox"/> Hospital, Institutional</p> <p>24. <input type="checkbox"/> Office, bank, professional</p> <p>25. <input type="checkbox"/> Public utility</p> <p>26. <input type="checkbox"/> School, library, other educational</p> <p>27. <input type="checkbox"/> Stores, mercantile</p> <p>28. <input type="checkbox"/> Tanks, towers</p> <p>29. <input type="checkbox"/> Other – specify _____</p> </td> </tr> </table>	<p align="center"><i>Residential</i></p> <p>12. <input type="checkbox"/> One family</p> <p>13. <input type="checkbox"/> Two or more family – Enter <i>Number of units here _____</i></p> <p>14. <input type="checkbox"/> Transient hotel, motel or dormitory – Enter number of units here __</p> <p>15. <input type="checkbox"/> Garage</p> <p>16. <input type="checkbox"/> Carport</p> <p>17. <input type="checkbox"/> Other...Specify _____ _____</p>	<p align="center"><i>Non-Residential</i></p> <p>18. <input type="checkbox"/> Amusement, recreational</p> <p>19. <input type="checkbox"/> Church, other religious</p> <p>20. <input type="checkbox"/> Industrial</p> <p>21. <input type="checkbox"/> Parking Garage</p> <p>22. <input type="checkbox"/> Service Station, repair garage</p> <p>23. <input type="checkbox"/> Hospital, Institutional</p> <p>24. <input type="checkbox"/> Office, bank, professional</p> <p>25. <input type="checkbox"/> Public utility</p> <p>26. <input type="checkbox"/> School, library, other educational</p> <p>27. <input type="checkbox"/> Stores, mercantile</p> <p>28. <input type="checkbox"/> Tanks, towers</p> <p>29. <input type="checkbox"/> Other – specify _____</p>
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**FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 per \$1,000):**

Total Construction Cost: \_\_\_\_\_

<p><b>B. COST OF DEMOLITION</b></p>	<p>Omit Cents</p> <p>\$ _____</p>	<p><b>Describe in detail work being permitted:</b></p> <p align="center">DEMOLITION ONLY</p> <hr/> <hr/>
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**III. IDENTIFICATION – (To be completed by all applicants)**

1.	Name	Mailing Address – Number, Street, City, State & Zip Code	Phone No.
2.	Contractor		

The owner of this building and the undersigned agree to conform to all applicable laws of THE CITY OF FULTONDALE.

<u>Signature of Applicant</u>	Address	Application Date
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**DO NOT WRITE IN THIS SPACE – FOR OFFICE USE**

Approved By	(Minimum \$50.00) Permit Fee	Date Permit Issued	Permit Number
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***Demolition Permit will expire 30 days after issuance***