

CALHOUN COUNTY - BUILDING PERMIT

BUILDING • ELECTRICAL • MECHANICAL • PLUMBING

APPLICATION DATE _____ COMPLETION DATE _____

OWNER _____ CONTRACTOR _____

ADDRESS _____ ADDRESS _____

LICENSE NO. _____ PHONE _____

SEPTIC TANK 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 _____
MAP DATE _____	(If V Zone, required elevation of the bottom of the lowest horizontal structural member) _____ MSL
	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

DIRECTOR OF INSPECTION DEPT. _____

BY _____

WHITE - Building Dept. YELLOW - Tax Assessor's PINK - Audit Copy - GOLD - Customer