



DEMOLITION PERMIT APPLICATION

Commercial Building Name: _____

Address: _____ **Lot #** _____

Contracting Company: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** (____) _____ **Cell:**(____) _____

Email Address: _____

Building Owner: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Description of Job:

CONTRACT JOB COST: _____ **Square Feet:** _____

Signature

By signing this application, I hereby certify that all information herein is true and correct and I agree to be personally responsible to the City of Alabaster for any and all code violations and code enforcement actions associated with this building application and the construction contemplated herein, whether such actions or inactions were performed by me, my company, employees, contractors or sub-contractors.

Name (print): _____ **Signature:** _____ **Date:** _____

Repair Bond Required: Yes No

City Engineer Approval: Yes No

Issuance Fee \$ 50.00

Height _____ **Stories** _____

Permit Cost \$ _____

Permit # _____ **Report code** _____ **Total Permit Cost \$** _____