



Alabaster

CITY UNLIMITED

FIRE SYSTEM PERMIT APPLICATION

Type of Occupancy: Residential ____ Commercial ____

Property Address _____

Owner/Occupant _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

Contracting Company _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

Description of Job: _____

CONTRACT JOB COST: \$ _____

Signatures

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. Also, I hereby certify that I am the above property's owner or the authorized agent (contractor) of the above property's owner.

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

OFFICE USE ONLY

Permit Fee \$ _____

Issuance Fee \$ **50.00**

Review Fee \$ **75.00**

CICT Fee (Commercial) \$ _____

Master Permit # _____

Permit # _____ Report Code _____

Total Permit Cost \$ _____

Customer Service Survey

City of Alabaster Engineering and Building Services

Your input as a customer is very important and valuable to our department. To help us provide the highest level of customer service, we would appreciate your comments regarding our performance. Please take a moment to fill out this customer service survey and let us know how we are doing.

1. My contact with the Planning and Safety Division involved:

- | | |
|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Building Code | <input type="checkbox"/> Permit Application |
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Plans Review |
| <input type="checkbox"/> Other _____ | |

2. Type of contact:

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> In person with an appointment | <input type="checkbox"/> In person without an appointment |
| <input type="checkbox"/> Email | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Fax/Mail | |

3. Please mark your responses:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was available to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff displayed a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responded to my concerns in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear and concise information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was helpful, knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Overall, how would you rate the level of assistance you received from the Planning and Safety Division?

Excellent _____ Good _____ Fair _____ Poor _____

5. Comments or Suggestions:

Thank you for your input. You may print this form and drop it off or mail to: **City of Alabaster-Engineering and Building Services, 1953 Municipal Way, Alabaster, AL 35007.**