CITY OF ANNISTON
Building Permit Application

DATE: _____

APPLICANT:

NAME _____

ADDRESS _____

PHONE _____

PROPERTY OWNER:

NAME _____

ADDRESS _____

PHONE _____

CONTRACTOR (attach sub-contractor list, if applicable):

NAME _____

CONTACT NAME AND TITLE _____

ADDRESS _____

PHONE _____

CONTRACTOR TYPE GEN_____ ELEC_____ PLUMB_____ OTHER_____

STATE LIC.#_____ LOCAL LIC.#_____

JOB INFORMATION:

LOCATION _____

DESCRIPTION _____

_____
Applicant Signature

$_____
Cost of Job

OFFICE USE ONLY

CONST. TYPE: NEW_____ REMODEL_____ USE: COM_____ RES_____ IND_____

FLOOD ZONE YES_____ NO_____ SEWER/WATER ALLOCATION YES_____ NO_____

KITCHEN PLAN REVIEW YES_____ NO_____ HEALTH DEPT. REVIEW YES_____ NO_____

SITE PLAN REVIEW YES_____ NO_____ PLANNING COMMISSION REVIEW YES_____ NO_____

ZONING _____ CURB CUT PERMIT YES_____ NO_____

City of Anniston, Inspections Division, P.O. Box 2168, Anniston, AL 36202
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