



City of Bay Minette

General Land Use & Building Permit

Received: _____
Completed: _____

301 D'Olive Street · Bay Minette, Alabama 36507 · Phone (251) 580-1610
COBM_Planning@cityofbayminetteal.gov Building_Official@cityofbayminetteal.gov

OWNER & SITE INFORMATION – Property Address: _____

PPIN: _____ Lot/Parcel Size: _____ Subdivision: _____ Lot #: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Email: _____

CONTRACTOR & APPLICATION CONTACT INFORMATION – **If not the property owner, an Agent Authorization Form is required.*

Trade Type: Building Electrical HVAC Plumbing Other: _____

Legal Business Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Contact Name (if different than above): _____ Title: _____

Phone: _____ Email: _____

City of Bay Minette Business License #: _____ General Contractors License #: _____

Home Builder's or State Trade License #: _____

<p align="center">PERMIT TYPE</p> <p><input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing → Gas Piping Installer <i>if applicable:</i> _____</p>	<p align="center">TYPE OF CONSTRUCTION</p> <p><input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Expansion <input type="checkbox"/> Renovation / Alteration / Repair <input type="checkbox"/> Accessory Bldg → <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Pre-Fab / Constructed Off-Site <input type="checkbox"/> Reroof <input type="checkbox"/> Temp Pole <input type="checkbox"/> Temporary Office/ Job Site / Construction Trailer** <input type="checkbox"/> Mobile Home** → <input type="checkbox"/> New** <input type="checkbox"/> Replacement** <input type="checkbox"/> Relocation** <input type="checkbox"/> Temp Office Trailer- Installation/Removal Dates: _____ <input type="checkbox"/> Other: _____ <i>**Requires a Building & Electrical Permit</i></p>
<p align="center">BUILDING CLASSIFICATION</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential → <input type="checkbox"/> Single Family <input type="checkbox"/> Two-Family/Duplex <input type="checkbox"/> Multi-Family - Unit # _____</p>	<p align="center">OCCUPANCY / USE</p> <p>Occupancy Classification Options: Assembly, Business/Office, Education, Factory/Industrial, Hazardous, Institutional, Mercantile/Retail, Residential, Storage, Utility/Miscellaneous Current Occupancy Classification: _____ Proposed Occupancy Classification: _____ Specific Use Detail: _____ _____</p>
<p align="center">VALUATION</p> <p>Valuation of Work (Labor & Materials): \$ _____ Heated/Cooled Sq. Ft: _____ Non-Heated/Cooled Sq Ft: _____ # of Stories: _____ Height: _____</p>	

Detailed Description of Scope of Work: _____

SITE CONDITIONS

Site/Plot Plan - Required for all permits except reroofs. Must be drawn to scale and include footprints of all existing and proposed structures with dimensions and setbacks (the distance from all property lines and other structures on the property)

No Existing Structures on Site

List all existing permanent structures on the site and their size, including residences and accessory structures, if applicable

#1: _____ Sq Feet: _____ #4: _____ Sq Feet: _____

#2: _____ Sq Feet: _____ #5: _____ Sq Feet: _____

#3: _____ Sq Feet: _____ #6: _____ Sq Feet: _____

UTILITY SERVICES

Power Provider: _____ Garbage Service Provider: _____

Well or Water Provider: _____ Septic or Sewer Provider: _____

Propane or Natural Gas Gas Service Provider: _____

DRIVEWAY / ACCESS / CULVERT

Roadway Access Authority: City Baldwin County Highway Dept* Alabama Dept of Transportation (ALDOT)*

*Access Confirmation is required for New Dwelling or Non-Residential Construction, or new access/driveway proposed

City Culvert Needed: No Unsure Yes // BC 9-1-1 Addressing Assignment or Verification Complete

Application is hereby made for a permit to erect/alter a structure as described herein or shown in accompanying plans and specifications, which structure is to be located as shown on the accompanying plot plan. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the City Planner and/or Building Official, shall constitute sufficient grounds for the revocation of such permit. Please note that the City of Bay Minette does not review or determine whether this application is in compliance with any covenant(s) or deed restriction(s).

Signature of Applicant: _____ Date: _____

INTERNAL USE ONLY

FEES & PAYMENT DETAILS	Date Paid: _____
\$ _____ Land Use _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC
\$ _____ Application	
\$ _____ Building Plan Review	
\$ _____ CICT	
\$ _____ Building Permit _____	
\$ _____ Electrical Permit _____	
\$ _____ Mechanical Permit _____	
\$ _____ Plumbing Permit _____	
\$ _____ Life Safety Plan Review	
\$ _____ Violation Fine: CE _____	
or SWO _____	
\$ _____ TOTAL DUE Date Paid: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Card* 3.99% Fee <input type="checkbox"/> Check #: _____	

FEMA Flood: _____	<input type="checkbox"/> Potential Wetlands
<input type="checkbox"/> BC 9-1-1 Addressing Verification Received	
ZONING REVIEW- City Zone: _____	
Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Conditions <input type="checkbox"/> Denied	
BUILDING REVIEW - Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Conditions <input type="checkbox"/> Denied	