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OFFICE USE ONLY

SUBMITTAL DATE _____

APPROVAL DATE _____

PERMIT # _____

FEES PAID _____

BUILDING DEMOLITION PERMIT APPLICATION

BUILDING ADDRESS: _____ DATE: _____

BUILDING OWNER: _____ ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(REQUIRED)

ADDRESS: _____

CONTRACTOR: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(REQUIRED)

TYPE OF STRUCTURE:

RESIDENTIAL SIZE _____

MOBILE HOME SIZE _____

COMMERCIAL * SIZE _____

ASBESTOS ABATEMENT SUBMITTED _____

* ALL COMMERCIAL PROPERTIES SHALL HAVE ASBESTOS TESTING PERFORMED AND RESULTS SHALL BE SUBMITTED BEFORE A DEMOLITION PERMIT WILL BE ISSUED.

COST INFORMATION:

DEMOLITION COST \$ _____

PERMIT FEE \$ 300

PERMIT FEE PAID YES NO

UTILITIES:

UTILITY CUT OFF REQUESTED BY APPLICANT: YES NO NA

INSPECTIONS:

DEMOLITION SITE FREE OF DEBRIS YES NO

DISPOSAL LADING BILL SUBMITTED BY CONTRACTOR YES NO

SEWER LINE PROPERLY CAPPED AND COVERED (VERIFY BY SEWER DEPT) YES NO

SIGNATURE OF APPLICANT

APPLICATION DATE