



New Business Inspection Request

P.O. Box 1479, Pelham, Alabama 35124 | 205.620.6411
permits@pelhamalabama.gov

DATE RECEIVED: _____

PERMIT NO.: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

OWNER OF BUSINESS: _____

PHONE: _____

EMAIL: _____

PROPERTY OWNER/LEASING AGENT: _____

PHONE: _____

TYPE OF BUSINESS: _____

DESCRIPTION OF BUSINESS: _____

PREVIOUS BUSINESS AT THIS LOCATION: _____

DATE BUSINESS MOVED: _____

- Is the new business considered a "Change of Use" of the building/suite? ___ Yes ___ No
- Does the business owner currently operate this business in another location? ___ Yes ___ No
- Does the proposed business fall under Appendix A Article XXV Detailed Use Regulations or Article XV Sec. 9-16 of the Pelham, Alabama Code of Ordinances? (Attached) ___ Yes ___ No
- Are the utilities in the building owner's name? ___ Yes ___ No
- Will the tenant be required to have utilities in the business name? ___ Yes ___ No
(If yes, a VOC inspection will be required as part of the new business inspection)
- Will any construction and/or demolition be required for the new business to operate from this location? ___ Yes ___ No (If yes, please contact the Building Department for further information on new construction/remodel)
- Will a new sign be part of this new business? ___ Yes ___ No (If yes, please submit a sign permit application to the Building Department)

SIGNATURE OF APPLICANT

APPLICATION DATE

*There is a \$40.00 inspection fee assessed by the Building Department, which is due prior to the inspection

DATE RECEIVED: _____

PERMIT NO.: _____

ADDITIONAL REQUIREMENTS FOR CERTAIN BUSINESS TYPES

Appendix A Article XXV Detailed Use Regulations

Group Home/Family Care Home

Day Care Home

Day Care Center

Home Occupation

Industrial Park Regulations

Manufactured (Mobile) Homes

Modular (Mobile) Offices

Motor Vehicle Sales or Rental Lot

Gasoline Service Station

Vehicle Repair (Major)

Hospitals

Retirement/Nursing Homes

Veterinary Clinics/Vet Hospitals/Dog Training Facility/

Boarding Facility/Outside Kennels or Dog runs

Short-term and Seasonal Businesses

Special Events

Article XV Additional Regulations for B-2 Businesses

Alternative Financial Services

Gold or Silver Object Dealer

Massage Parlor

Tattoo and/or Body Art Establishment

Tobacco and/or Vape Shop

Thrift Store

CBD Shop

OFFICE USE ONLY

ZONING VERIFICATION

ZONING CLASSIFICATION _____

___ Yes ___ No CORRIDOR OVERLAY DISTRICT

___ Yes ___ No FEMA FLOODPLAIN

___ Yes ___ No ADDITIONAL REQUIREMENTS FOR CERTAIN BUSINESS TYPES

___ Yes ___ No BUILDING/DEMO PERMIT REQUIRED?

___ Yes ___ No SIGN PERMIT REQUIRED?

APPROVALS

Zoning - J. Osborne _____

Engineering - C. Nicholson _____

Fire Department - W. Greene _____

Building - A. Brown _____

INSPECTION SCHEDULED: _____ DATE & TIME: _____

NEW BUSINESS APPROVED: ___ Yes ___ No

BUILDING INSPECTOR: _____ DATE: _____

FIRE INSPECTOR: _____ DATE: _____