

Shelby County Department of Development Services

Application for Improvements

Application No. _____

Date _____

I. Improvement Location		
Address	City	Zip
Subdivision	Parcel ID	
Tenant Name		Suite #
Directions		Gate Code, If any

#

II. Improvement Type			
A. Type of Improvement <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Remodel or Repair <input type="checkbox"/> Moved <input type="checkbox"/> Other, specify: _____	B. Proposed Use <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> 1. Residential <input type="checkbox"/> Dwelling ___ Detached ___ Attached (Townhouse) ___ Two Family Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Pool <input type="checkbox"/> Barn <input type="checkbox"/> Roof <input type="checkbox"/> HVAC Only <input type="checkbox"/> Electrical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Other, specify: _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> 2. Commercial <input type="checkbox"/> Recreation Facility <input type="checkbox"/> Church, School other Civic <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Cellular/Wireless Tower Facility <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Multi-Family <input type="checkbox"/> Professional Office <input type="checkbox"/> Retail , Restaurant or Sale Center <input type="checkbox"/> Medical <input type="checkbox"/> Other, specify: _____ </td> </tr> </table>	1. Residential <input type="checkbox"/> Dwelling ___ Detached ___ Attached (Townhouse) ___ Two Family Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Pool <input type="checkbox"/> Barn <input type="checkbox"/> Roof <input type="checkbox"/> HVAC Only <input type="checkbox"/> Electrical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Other, specify: _____	2. Commercial <input type="checkbox"/> Recreation Facility <input type="checkbox"/> Church, School other Civic <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Cellular/Wireless Tower Facility <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Multi-Family <input type="checkbox"/> Professional Office <input type="checkbox"/> Retail , Restaurant or Sale Center <input type="checkbox"/> Medical <input type="checkbox"/> Other, specify: _____
1. Residential <input type="checkbox"/> Dwelling ___ Detached ___ Attached (Townhouse) ___ Two Family Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Pool <input type="checkbox"/> Barn <input type="checkbox"/> Roof <input type="checkbox"/> HVAC Only <input type="checkbox"/> Electrical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Other, specify: _____	2. Commercial <input type="checkbox"/> Recreation Facility <input type="checkbox"/> Church, School other Civic <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Cellular/Wireless Tower Facility <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Multi-Family <input type="checkbox"/> Professional Office <input type="checkbox"/> Retail , Restaurant or Sale Center <input type="checkbox"/> Medical <input type="checkbox"/> Other, specify: _____		
C. Ownership <input type="checkbox"/> Private (Individual, Corporation, Nonprofit, etc.) <input type="checkbox"/> Public (Federal, State or Local Government)			
D. Flood Zone <input type="checkbox"/> Not in Area of Special Flood Hazard <input type="checkbox"/> Flood Zone A or AE <input type="checkbox"/> Unknown	E. Job Cost Total Cost of improvements _____		

F. Existing Structures – Provide a list of all existing structures on the property and their installation, construction date, and square footage, if known. Include dwellings, storage, barns, generators, etc.

G. Job Description or Scope of Work – Describe in detail proposed use of building, (i.e. food preparation or sale, machine shop, animal housing, elementary or secondary school, office, retail sales).

H. Change of Use – If use of existing building is being changed, describe proposed use.

III. Building Characteristics																				
I. Type of Foundation <input type="checkbox"/> Footing <input type="checkbox"/> Crawl space <input type="checkbox"/> Basement <input type="checkbox"/> Monolithic slab <input type="checkbox"/> Pilings/Poles <input type="checkbox"/> Other, specify _____	J. Type of Sewage Disposal (attach authorization) <input type="checkbox"/> Public or private company, specify _____ <input type="checkbox"/> Individual (septic tank) L. Type of Water Supply <input type="checkbox"/> Public or private company, specify _____ <input type="checkbox"/> Individual (well, cistern)	K. Dimensions (include Plot Plan with setbacks) Number of stories _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Finished Area</td> <td style="width: 50%; border: none;">Unfinished Area</td> </tr> <tr> <td style="border: none;">Main Floor _____</td> <td style="border: none;">Second Floor _____</td> </tr> <tr> <td style="border: none;">Second Floor _____</td> <td style="border: none;">Basement _____</td> </tr> <tr> <td style="border: none;">Third Floor _____</td> <td style="border: none;">Attic _____</td> </tr> <tr> <td style="border: none;">Basement _____</td> <td style="border: none;">Porch _____</td> </tr> <tr> <td style="border: none;">Attic _____</td> <td style="border: none;">Garage _____</td> </tr> <tr> <td style="border: none;">Deck(s) _____</td> <td></td> </tr> <tr> <td style="border: none;">Patio(s) _____</td> <td></td> </tr> <tr> <td style="border: none;">Carport (s) _____</td> <td></td> </tr> </table>	Finished Area	Unfinished Area	Main Floor _____	Second Floor _____	Second Floor _____	Basement _____	Third Floor _____	Attic _____	Basement _____	Porch _____	Attic _____	Garage _____	Deck(s) _____		Patio(s) _____		Carport (s) _____	
Finished Area	Unfinished Area																			
Main Floor _____	Second Floor _____																			
Second Floor _____	Basement _____																			
Third Floor _____	Attic _____																			
Basement _____	Porch _____																			
Attic _____	Garage _____																			
Deck(s) _____																				
Patio(s) _____																				
Carport (s) _____																				
M. Type of Heating Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Oil <input type="checkbox"/> Other, specify	N. Residential Buildings Only Number of bedrooms _____ Number of bathrooms _____																			

IV. Identification				
	Name Email	Mailing Address	Zip Code	Telephone Number
Owner				
Contractor				
Mechanical Contractor				
Electrical Contractor				
Plumbing Contractor				
Gas Contractor				
Fire Alarm Contractor				
Fire Sprinkler Contractor				
Kitchen Hood Contractor				
10. Low Voltage Contractor				

v. Indemnification	
	<p>ARC. The Architectural Review Committee (ARC) is responsible for establishing, maintaining and enforcing the restrictive covenants of certain residential subdivision(s) and is not a Development Services requirement. ARC requirements specific to your subdivision may be required and documentation/plans must be provided to the ARC for review. Your initials and signature below indicates you have been informed of these requirements and that you are aware that the issuance of a building permit from the Department of Development Services does not indicate in any way that you are in compliance with the requirements of the ARC.</p>
	<p>Sanitation. The Shelby County Office of the Alabama Department of Public Health requires review of existing sanitation systems when bedrooms are added to a residence, when the septic systems are failing, or when the plumbing system is altered in non-residential buildings or structures. Your initials and signature below indicates that the proposed improvements included in your Shelby County Development Services permit application do not include any of the improvements described above and that you are aware that the issuance of a permit from the Shelby County Department of Development Services does not indicate in any way that you are in compliance with the requirements of the Alabama Department of Public Health or any other sanitation providers. To ensure that property improvements other than those listed in the first paragraph are in compliance, please call your provider. Following up may prevent future problems and expense.</p>
	<p>Survey. I hereby acknowledge that I may be required to submit a setback verification survey. Further; if I proceed with construction prior to approval by the County it is at my own cost.</p>
	<p>"Inspection by the County of this building constitutes no representation by County or its employees express or implied as to the quality of workmanship or materials used therein. It is the owner's/applicant's sole and separate responsibility to determine the quality of workmanship and materials used in the construction and that the proposed construction does not violate any existing private covenants, set-back lines and/or subdivision or other restrictions applicable to subject property and complies with any and all State, Federal, Municipal, Health Department or Shelby County laws, rules, permitting requirements and/or regulations, including but not being limited to those pertaining to subdivisions of land, zoning, zoning set-back lines, flood ordinances, storm water control and for access to the public roads and highways. This permit conveys no right to occupy any street, alley or sidewalk."</p>
Signature	
Printed Name	