



**CITY OF EUFAULA**  
 P. O. BOX 219 EUFAULA, ALABAMA 36072-0219  
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 SAMUEL LIPSCOMB

**CITY OF EUFAULA BUILDING PERMIT APPLICATION**

(For Commercial and Residential Building, Mobile Home, Swimming Pool, Electrical, Mechanical and Plumbing Permits).

ALL BLANKS MUST BE FILLED IN (USE NA IF NEEDED)  
 INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

\*\*\*\*\* SITE ADDRESS \*\*\*\*\*

Permit # \_\_\_\_\_

Parcel ID #(PIN): MAP \_\_\_\_\_ PAR \_\_\_\_\_ Direction to Job Site \_\_\_\_\_

\*\*\*\*\* CONTRACTOR INFORMATION \*\*\*\*\*

Business Lic/ Registration #: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address : \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*\*\*\*\* OWNER INFORMATION \*\*\*\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Phone# \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Phone# \_\_\_\_\_

\*\*\*\*\* PROJECT INFORMATION \*\*\*\*\*

Proposed Use: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Land Lots: \_\_\_\_\_ Dist: \_\_\_\_\_ Neighborhood #: \_\_\_\_\_ Grading Permit: \_\_\_\_\_

Contract: YES OR NO

Project Name: \_\_\_\_\_ Tenant: \_\_\_\_\_

Class Work: (Circle one) New, Repair, Add, Move, Alter, Demolish

Type Construction: On-Site, Moved Structure, Mobile Home, Industrialized (Factory-Built)

Permit Type: \_\_\_\_\_ Description of Work \_\_\_\_\_

# of Buildings: \_\_\_\_\_ # of Units: \_\_\_\_\_ Building Height \_\_\_\_\_

**IS THIS PROPERTY IN A FLOOD ZONE? CIRCLE (YES OR NO)**

**IF YES, WHAT TYPE?** \_\_\_\_\_

**FLOOR AREA:** FINISHED (Heated Area): \_\_\_\_\_ UNFINISHED: Garage \_\_\_\_\_ Carport \_\_\_\_\_

Porch \_\_\_\_\_ Deck \_\_\_\_\_ Patio \_\_\_\_\_ Basement \_\_\_\_\_ Storage \_\_\_\_\_ Other \_\_\_\_\_

AGRICULTURAL BLDS: \_\_\_\_\_ SWIMMING POOL : \_\_\_\_\_

**\*\*\*\* Please USE SQUARE FOOTAGE ONLY-NOT DIMENSIONS\*\*\*\***

Total# of Rooms (including baths): \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

Total # of Fireplaces: \_\_\_\_\_

Current Use of Property: Vacant, Residential, Commercial, Agricultural, Other.

Mobile Home Name: \_\_\_\_\_ Year Model: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

Other Building/ Structures on Property: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ # of Lots \_\_\_\_\_ Zoning Class: \_\_\_\_\_

Is any part of the site within a Flood Zone? YES. No if yes, give Proposed Finish Floor Elevation: \_\_\_\_\_

Minimum Setback Requirements:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Corner: \_\_\_\_\_

Sewer System: (Indicate # of systems per type)

\_\_\_\_\_ Septic (Health Dept. Permit # \_\_\_\_\_) \_\_\_\_\_ Public \_\_\_\_\_ Private

Water System: (Indicate # of systems per type)

\_\_\_\_\_ Well \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Private

Have you received a variance from the requirement for this project? YES OR NO if so give AB# \_\_\_\_\_.

Will there be any plumbing covered by concrete in this structure? YES OR NO

Will this be monolithic slab? YES OR NO Information: Crawl Space \_\_\_\_\_ Basement \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the above information is true and correct.

\_\_\_\_\_  
APPLICANT SIGNATURE