

CITY OF SPRINGVILLE

Building Department
(205) 467-2312

P.O. Box 919
160 Walker Drive
Springville, AL 35146

ROOFING PERMIT

Permit Number: _____
Commercial___ Residential___

Job Address:					
Lot Number			Subdivision		
General Contractor or Owner (if acting as General Contractor)				Phone	
Address				City License #	
Use of Building					
Class of Work			New	Addition	Alteration
			Repair	Other	
Describe Work:					
Valuation of work \$					
Special Conditions:					
<p>Separate permits are required for electrical, plumbing, gas and heating, ventilation or air conditioning.</p> <p>This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.</p> <p>I hereby certify that I read and examined this application and know the same to be true and correct. All work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>					
Signature of General Contractor		Signature of Owner (if not builder)		Date	
Accepted by:		Approved by:		Permit Fee: \$	
Name on Check:		Cash or Check		Check #	