

TOWN OF MORRIS 8304 Stouts Rd. Morris, AL 35116	DEMOLITION PERMIT APPLICATION	Building Permit # <hr style="width: 80%; margin: 0 auto;"/> <i>if applicable</i>
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(Commercial Jobs over \$50,000 requires a State of Alabama General Contractor's License)

Job Address: _____

Owner/Builders Name _____

A. TYPE OF IMPROVEMENT

1. New Building

2. Addition *(if residential enter number of new housing units added)*

3. Alteration

4. Repair, replacement

5. **Demolition** *(If multifamily residential, enter number of units in building)*

6. Moving *(relocation)*

7. Foundation only

C. PROPOSED USE - For "Demolition", most recent use:

<i>Residential</i>	<i>Non-Residential</i>
12. <input type="checkbox"/> One family	18. <input type="checkbox"/> Amusement, Recreational
13. <input type="checkbox"/> Two or more family <i>(Enter Number of units here _____)</i>	19. <input type="checkbox"/> Church, other religious
14. <input type="checkbox"/> Transient hotel, motel or dormitory <i>(Enter Number of units here _____)</i>	20. <input type="checkbox"/> Industrial
15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking Garage
16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service Station, repair garage
17. <input type="checkbox"/> Other... Specify _____	23. <input type="checkbox"/> Hospital, Institutional
	24. <input type="checkbox"/> Office, bank, professional
	25. <input type="checkbox"/> Public utility
	26. <input type="checkbox"/> School, library, other educational
	27. <input type="checkbox"/> Stores, mercantile
	28. <input type="checkbox"/> Tanks, towers
	29. <input type="checkbox"/> Other...Specify _____

All utilities must be disconnected from structure prior to any work starting and must be verified by inspection of Morris Building Official.

FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 per \$1,000.00):

Total Construction Cost: _____

B. COST OF DEMOLITION
(Omit Cents)

\$ _____

Describe in detail work being permitted:

1. Owner of Building

Mailing Address - Number, Street, City, State & Zip

Phone

2. Contractor

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT, ALL PROVISIONS OF LAW AND CIRCUMSTANCES GOVERNING THIS TYPE OF WORK WILL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING GAS INSTALLATION.

Gas Contractor: _____

Address: _____

City _____ State _____ Zip _____ Phone # _____

Signature of Master Gas Fitter _____

BUILDING OFFICIAL	DATE	PERMIT FEE	PERMIT NUMBER
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