

FEE AMOUNT \$ _____
CHECK # _____
CASH () _____



DATE _____
PERMIT # _____
ISSUED BY: _____

CITY OF HEADLAND
PLANNING AND DEVELOPMENT
DEPARTMENT
334-785-5612

DEMOLITION PERMIT APPLICATION

Permission is hereby requested by: _____
Name Phone

Work performed at Street Address: _____

Owner: _____
Name Phone

Description of work to be performed: _____

JOB VALUE: \$ _____ State License No. _____ City License No. _____

PERMIT TYPE:

DEM – Residential ()

DEMC – Commercial ()

Engineering Services Approval: _____

NOTE: By signing this application the PERMITTEE agrees that only the following persons will be working on the Project: This application is subject to all ordinances and codes of the City of Headland and the State of Alabama. I hereby acknowledge that I have read this application and state that the above information is true and correct.

LICENSED CONTRACTOR / DATE

OWNER (IF WORK DONE BY THE OWNER) /DATE



BUILDING DEMOLITION PERMIT NO.

Upon completion of demolition of any residential or commercial building, the following conditions must be met:

1. All trash and debris must be completely removed from the site.
2. The sewer lateral must be cut, securely capped or plugged with concrete, and inspected by the plumbing inspector prior to coverage. The lateral should be plugged immediately behind the curb or sidewalk. An "L" should be chiseled into the curb at the spot of the lateral.
3. The approximate distance from the nearest street manhole should be shown on this sheet, along with acceptance by the plumbing and the building inspectors.
4. If the building is on an individual sewage or septic tank system, the tank must be pumped of contents; the bottom must be broken and completely back filled with sand or soil. The plumbing inspector prior to coverage should inspect the tank.

Before a release is given, you are required to return this copy, with proper approvals given and signed below by the inspectors.

Please email permits@headlandalabama.org for an inspection.

BUILDING OFFICIAL

Building Address

Date of Completion

Plumbing Inspector/Date

Building Inspector/Date