

COMMERCIAL

BUILDING PERMIT FORM SET

est.2023

*City of Westover
PO BOX 356
Westover, AL 35147*

*205.678.3375 ext 8
permits@westoveralabama.org
www.westoveral.gov*

Make checks for fees payable to City of Westover



CURRENT BUILDING CODES

National Electrical Code	2014	Edition
International Plumbing Code	2015	Edition
International Mechanical Code	2015	Edition
International Fuel Gas Code	2015	Edition
International Fire Code	2015	Edition
International Building Code	2015	Edition
International Residential Code	2015	Edition
International Energy Conservation Code	2015	Edition

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REQUIREMENTS

PLOT PLAN

A plot is required showing location of the home on property with distances from each property line

ZONING

- Completed Zoning Verification Form is required
- Only one home may be permitted on a legal lot of record

PROPERTY IN A FEMA FLOODPLAIN MUST HAVE:

- A setback survey
- Flood Development Permit
- Flood Elevation Certificate

HOMEOWNERS

Homeowner is allowed to perform the following installations on their property used for their personal use. (Home cannot be sold for 2 years when using this exemption)

- Electrical installations
- Mechanical installations
- Plumbing installations

CONTRACTORS

- Residential Home Builders License (www.hblb.state.al.us) or call 800-304-0853 if contract exceeds \$10,000
- Contractor holds a State General Contractors License with the number 18908 or less, he is exempt from holding that license.

ELECTRICAL CONTRACTORS

- Section 84 State/County Business License, contact your local county business revenue/license office
- Electrical contractor must hold a Master Certification License (www.aecb.state.al.us) or call 334-269-9990

SEPTIC/SEWER AUTHORIZATION

- Septic - Authorization is required by Shelby County Health Department 205-620-1650
- Sewer - Authorized by Integra Services 205-368-3698.

PHYSICAL ADDRESS

Property addresses are assigned by the 911 Business Office 205-439-6911



Obtaining a Business License

City of Westover, Alabama

DO NOT RETURN
THIS PAGE



PLEASE READ CAREFULLY

Important Notices:

Forms must contain complete information to be processed.

Contractor license applications require copy of state license.

Regardless of the method used, all information must be complete and payment must be for the correct amount.

You will need an FEIN or Social Security Number and basic information about the business.

Only check and exact cash is accepted. We cannot make change. Please have exact payment.

Option 1: Apply and Pay Online

Call 800-556-7274 to verify/establish Avenu (RDS) Account

Visit the website at: westoveral.gov

Select "**Online Business License**" → <https://westoveral.gov/index.php/buslicense/>

If a previous account has been established, log on to the Avenu (RDS) system

Note: If you cannot move forward during the process, *contact RDS at 800-556-7274*. If you have previously used RDS, you should be able to continue.

Option 2: Apply In-Person at City Hall

Completed forms can be obtained and completed at City Hall. **Check or exact cash only** is required to apply and the City Clerk is available at City Hall 8:00 AM to 4:00 PM Mon-Thur. and 8:00 AM to 12:00 PM on Fridays.

Fees Refer to the fee schedule, to complete the form. There is a \$12 processing fee required, in addition to the license fee if purchased at City hall.

Additional Notices:

The same information is required regardless of method of application.

Significant penalties and/or fines may be imposed for violation of applicable City Ordinances.

Forms must contain complete information to be processed.

Please have all appropriate applications, reviews, approvals, license(s), etc. prior to working.

Unapproved applications will be re-evaluated on a case by case basis upon request.

CITY OF WESTOVER
 Development Services
Zoning Verification



Please complete ALL information:

Property Identification

Parcel Identification Number _____

Project _____

Owner _____

Address _____

Phone _____

Subdivision Name _____

Applicant _____

Proposed Use _____

Phone _____

Required Setbacks :

_____ front _____ / _____ side(s) _____ rear

Actual Plot Setbacks :

_____ front _____ / _____ side(s) _____ rear Square

Footage _____

Building Height _____

Sanitation Sewered Un-sewered

Water Source _____

DO NOT LEAVE BLANK:

Overlay: Highway 280 None

PUD

FHO (Flood Haz)

A Plot Plan is required that shows location of the building on Property showing distances from each property line.

If property is in the FEMA Floodplain, the following is required:

- A setback survey
- Flood Development Permit
- Flood Elevation Certificate

Office Use

Zoning Permit # _____

Approved

Denied

 Signed (Zoning Officer)

 Date

Current
 Zoning:

AP

HC

NC

RR

TS

EC - O

RN

TC

EC - I

Comments / Reason for Denial:

City of Westover

SEWAGE AUTHORIZATION

Not to be completed by applicant

Permit Applicant Name: _____

Site address: _____

New Structure/Expansion of Plumbing System:

Residential

Non-Residential

Residential:

Number of bathrooms _____

Number of bedrooms _____

Commercial:

Number of water closets _____

Number of urinals _____

Number of mop sinks _____

Number of lavatories _____

Number of sinks _____

Number of drinking fountains _____

Number of floor drains _____

Business use _____

(Sewered Property: Integra Services, 205-368-3698

Non Sewered Property: Shelby County Health Dept, 205-685-4187)

AUTHORIZED BY:

Name (printed)	Organization
Name (signed)	Date

CITY OF WESTOVER
BUILDING INSPECTIONS
BUILDING PERMIT APPLICATION

Application is made for a building permit to accomplish the work as described in accordance with duplicate plans and/or specifications submitted. All corrections in plans and/or specifications necessary for compliance shall be observed and all requirements of the building code, the zoning ordinance, and all other pertinent laws and ordinances of the Municipality of Westover regulating construction shall be complied with in pursuit of this work whether or not specified herein.

JOB LOCATION

Address _____ Project Name _____

Parcel ID # _____

IDENTIFICATION
Property Owner _____
Address _____
City _____ ST _____ Zip _____
Phone 1 _____ Phone 2 _____
Contractor _____
Address _____
City _____ ST _____ Zip _____
Contractor License Numbers:
Westover: _____ State of AL: _____
Contact Person _____
Phone 1 _____ Phone 2 _____
Email _____
NOTE: Electrical subcontractor must hold a Master Certification. Plumbing, Gas, and Heating & Air Subcontractors must hold a State Certification. Subcontractor's contract amount exceeding \$50,000 are required to hold a State General Contractor's License prior to beginning or continuing work.

WORK TYPE CONSTRUCTION TYPE FOUNDATION TYPE OCCUPANCY (USE)
New Construction Addition Alterations Repair Demolition Other
IA IB IIA IIB IIIA IIIB IV Heavy Timber VA VB
Slab on Grade Crawl Space Monolithic Slab Other (specify)
NON-RESIDENTIAL RESIDENTIAL
Assembly Business Factory Mercantile Education Utility/Misc Institutional/Daycare
Single Family Duplex Apartments - No. Units Hotel, Motel - No. Units Garage/Carport Other

BUILDING FUNCTIONS Dimensions
Type of Heat: Gas Electricity Other
Type of Sewage Disposal: Sanitary Sewer Septic Tank
Type of Water Supply: Public Individual (well, etc.)
Is the property in a FEMA flood plane? Yes No
Number of Stories _____ Occupancy Load _____
Sq. Ft. Living Area _____
Sq. Ft. Non-Living Area _____ Number of Bedrooms _____
Total Square Feet _____ Number of Bathrooms _____

Base Permit fee is \$6.50 per \$1,000 (minimum fee \$50.00) CICT Fee is collected for the State of AL. Penalties apply for work started before permit is issued.

CERTIFICATION

I certify that:
I have read this application and that all information contained is true and correct;
I am knowledgeable of the jurisdictions codes and ordinances agree to comply with all laws regulating building construction;
I understand that Issuance of this permit contracts the permit holder to compliance with all ordinances, laws, regulations and codes in effect;
I acknowledge that the municipality of Westover does not provide instruction or guidance on construction or building;
It is my responsibility to notify Westover Inspection office of any changes in information submitted
I am the owner or authorized to act as the owner's agent for the herein described work;

The total contract or valuation is: \$ _____
This permit becomes null and void if authorized work or construction has not begun within 180 days of issuance of permit, or if work is not completed within 360 days. Work not completed within 180 days requires a Permit Extension Request filed before the permit expiration.

Printed Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Approved By _____ Permit Fee _____ Check/Receipt # _____ Permit Issued Date _____
Zoning _____ Flood plane documents required? Yes No Post foundation survey required? Yes No

Subcontractor List

Please complete & return this form to the City of Westover inspections office.

List all subcontractors names, addresses, phone number and the amount paid subcontractors on all work performed or on piece or unit basis, such as brick, block, roofing, grading.

All contractors and subcontractors are required to have a Westover Business License before work begins.

Subdivision or Project Name _____ **Lot #** _____ **Date** _____

Contractor _____ **Owner** _____

Address _____

Type of Work	Business Name	Address	Zip	Cost	Phone
Architect					
Awnings/Blinds					
Brick Cleaning					
Cabinets/Bookcases					
Carpentry					
Ceiling/Acoustical					
Clean-up					
Concrete/Bituminous					
Drafting					
Electrical Work					
Engineering					
Exterminator					
Fencing-All Types					
Fire Alarm Systems					
Flooring-All Types					
Framing					
Garage Doors					
Glass/Glassing					
Grading/Excavating					
HVAC					
Insulation					

Subcontractor List

Marble/Stone				
Masonry-Brick/Block				
Metal Wall Panels				
Partitions				
Plumbing				
Precast/Roof Decks				
Roads/Driveways				
Roofing				
Security Systems				
Septic Tank				
Sheet Metal				
Sheet Rock Installation				
Siding				
Sprinklers				
Steel Pacing/Erection				
Tile -All Classes				
Wall Covering Materials				
Wide Wall/Curtains				
Other:				

I certify that all information submitted is true and accurate, and that I have notified all contractors that a City of Westover business license is require prior to performing work.
I understand that it is my responsibility to notify the City of Westover inspection office of any changes or updates, and that all work contracted will be reported before any work begins.
I certify that I am the owner or authorized to act as the owner's agent for the herein described work.

Signature

Date



2015 Energy Code Affidavit

CITY OF WESTOVER

Before me, a Notary Public, personally appeared _____ who is the
(Printed Name)

owner/builder of the commercial or residential property located at:

_____ states by this document that all construction
(Property Address)

conducted at this property conforms in its entirety to the 2015 International Energy Conservation Code and all criteria as adopted and amended by the State of Alabama have been met, and that the work in its entirety will have been completed at the time of issuance of a Certificate of Occupancy.

I further certify that I have read this affidavit and swear and affirm that it is true and correct.

(Signature of Owner/Builder)

(Date)

Notary:

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to

be. sworn before me this _____ day of _____, 20____.

(Signature and Seal of Notary Public)

My commission expires _____

This form must be returned before a Certificate of Occupancy is issued.

Instructions – Preparation of the Statement of Special Inspections

Preparing the Form:

The program of inspection and testing for a project should be prepared by the Registered Design Professional (RDP) that is in responsible charge of the building system requiring inspections and testing. The Structural Engineer of Record (SER) should prepare the sections required for the structural elements such as foundations, concrete, structural steel, etc.

The **Architect** and **MEP Engineer of Record** prepare the corresponding sections of the SI for the building systems for which they are responsible.

Front Page:

- Identify the project name and location as they appear on the Contract Documents, provide the Owner's name (individual, private company, municipality, government agency, etc.), and indicate the Design Professional in Responsible Charge. This should be the RDP in responsible charge of the building systems for which this Statement of Special Inspections is being prepared.
- Check the box indicating the discipline(s) that this SI will encompass (Structural, Architectural, Mechanical/Electrical/Plumbing, or Other).
- Specify the frequency of "Interim Reports" required from the Special Inspection Coordinator for the project. This can be indicated directly on the page, i.e. "weekly", or the adjacent box can be checked to attach a more specific schedule.
- The RDP must print, sign, and date the form, and stamp the form with their professional seal in the box provided.
- The Owner or Owner's agent must sign and date the front page after the SI has been completed by the RDP.
- The Building Official must sign and date the form upon acceptance.

Schedule of Inspection and Testing Agencies (Page 2):

- The RDP must check the boxes for only the building systems that are going to be covered in this SI. A completed inspection program page must be attached for each building system that is checked off.
- The members of the Special Inspection entities and agents must be listed in the appropriate boxes. If the Inspectors and Testing Agencies have not been determined yet, the RDP can state "To Be Determined".

Inspection Program Pages For Each Building System:

- Sections are included for each building system where the RDP identifies the inspection requirements of each system. Complete the sections for *only the building systems included in this SI*. Do not include blank pages for building systems not covered under this SI.
- Indicate the inspection or testing firm (Agency #) that will perform each inspection task. The Agency # is the number listed next to the Inspector or Testing Laboratory on the chart on the Schedule of Inspection and Testing.
- Specify the required qualifications of the Inspector for each inspection as described in the previous section. The RDP may require additional qualifications beyond the ones listed where appropriate. Suggested qualifications have been included for consideration. The RDP must determine what qualifications are appropriate for the particular project and confirm that the selected agency employs individuals with the specified qualifications.
- The scope of each inspection must be completed by the RDP.
- Descriptions of all inspections must include the required frequency of each inspection or test.

Schedule of Inspection and Testing Agencies

This Statement of Special Inspections/Quality Assurance Plan includes the following building systems:

- | | |
|---------------------------|---------------------------------------|
| Soils and Foundations | Spray Fire Resistant Material |
| Cast-in-Place Concrete | Wood Construction |
| Precast Concrete | Exterior Insulation and Finish System |
| Masonry | Mechanical & Electrical Systems |
| Structural Steel | Architectural Systems |
| Cold-Formed Steel Framing | Special Cases |

Special Inspection Agencies	Firm	Address, Telephone, e-mail
1. Special Inspection Coordinator		
2. Inspector		
3. Inspector		
4. Testing Agency		
5. Testing Agency		
6. Other		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Qualifications of Inspectors and Testing Technicians

The qualifications of all personnel performing Special Inspection and testing activities are subject to the approval of the Building Official. The credentials of all Inspectors and testing technicians shall be provided if requested.

Key for Minimum Qualifications of Inspection Agents:

The Registered Design Professional in Responsible Charge enters the following designation(s) to specify the individual performing a stipulated test or inspection indicating their specific certification or license.

PE/SE	Structural Engineer – a licensed SE or PE specializing in the design of building structures
PE/GE	Geotechnical Engineer – a licensed PE specializing in soil mechanics and foundations
EIT	Engineer-In-Training – a graduate engineer who has passed the Fundamentals of Engineering examination

American Concrete Institute (ACI) Certification

ACI-CFTT	Concrete Field Testing Technician – Grade 1
ACI-CCI	Concrete Construction Inspector
ACI-LTT	Laboratory Testing Technician – Grade 1&2
ACI-STT	Strength Testing Technician

American Welding Society (AWS) Certification

AWS-CWI	Certified Welding Inspector
AWS/AISC-SSI	Certified Structural Steel Inspector

American Society of Non-Destructive Testing (ASNT) Certification

ASNT	Non-Destructive Testing Technician – Level II or III.
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International Code Council (ICC) Certification

ICC-SMSI	Structural Masonry Special Inspector
ICC-SWSI	Structural Steel and Welding Special Inspector
ICC-SFSI	Spray-Applied Fireproofing Special Inspector
ICC-PCSI	Prestressed Concrete Special Inspector
ICC-RCSI	Reinforced Concrete Special Inspector

National Institute for Certification in Engineering Technologies (NICET)

NICET-CT	Concrete Technician – Levels I, II, III & IV
NICET-ST	Soils Technician - Levels I, II, III & IV
NICET-GET	Geotechnical Engineering Technician - Levels I, II, III & IV

Exterior Design Institute (EDI) Certification

EDI-EIFS	EIFS Third Party Inspector
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Other

Soils and Foundations

Item	Agency # <i>(Qualification)</i>	Scope
1. Shallow Foundations		
2. Controlled Structural Fill		
3. Deep Foundations		
4. Load Testing		
4. Other:		

Cast-in-Place Concrete

Item	Agency # (Qualification)	Scope
1. Mix Design		
2. Material Certification		
3. Reinforcement Installation		
4. Post-Tensioning Operations		
5. Welding of Reinforcing		
6. Anchor Rods		
7. Concrete Placement		
8. Sampling and Testing of Concrete		
9. Curing and Protection		
10. Other:		

Precast Concrete

Item	Agency # (Qualification)	Scope
1. Plant Certification / Quality Control Procedures <input type="checkbox"/> Fabricator Exempt		
2. Mix Design		
3. Material Certification		
4. Reinforcement Installation		
5. Prestress Operations		
6. Connections / Embedded Items		
7. Formwork Geometry		
8. Concrete Placement		
9. Sampling and Testing of Concrete		
10. Curing and Protection		
11. Erected Precast Elements		
12. Other:		

Masonry

Required Inspection Level: 1 2

Item	Agency # (Qualification)	Scope
1. Material Certification		
2. Mixing of Mortar and Grout		
3. Installation of Masonry		
4. Mortar Joints		
5. Reinforcement Installation		
6. Prestressed Masonry		
7. Grouting Operations		
7. Weather Protection		
9. Evaluation of Masonry Strength		
10. Anchors and Ties		
11. Other:		

Structural Steel

Item	Agency # (Qualification)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt		
2. Material Certification		
3. Open Web Steel Joists		
4. Bolting		
5. Welding		
6. Shear Connectors		
7. Structural Details		
8. Metal Deck		
9. Other:		

Cold-Formed Steel Framing

Item	Agency # (Qualification)	Scope
1. Member Sizes		
2. Material Thickness		
3. Material Properties		
4. Mechanical Connections		
5. Welding		
6. Framing Details		
7. Trusses		
8. Permanent Truss Bracing		
9. Other:		

Spray-Applied Fire Resistant Material

Item	Agency # (Qualification)	Scope
1. Material Specifications		
2. Laboratory Tested Fire Resistance Design		
3. Schedule of Thickness		
4. Surface Preparation		
5. Application		
6. Curing and Ambient Condition		
7. Thickness		
8. Density		
9. Bond Strength		
10. Other:		

Wood Construction

Item	Agency # (Qualification)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt		
2. Material Grading		
3. Connections		
4. Framing and Details		
5. Diaphragms and Shearwalls		
6. Prefabricated Wood Trusses		
7. Permanent Truss Bracing		
8. Other:		

Exterior Insulation & Finish Systems (EIFS)

Item	Agency # (Qualification)	Scope
1. Material Submittals		
2. Condition of Substrate		
3. Application of Foam Plastic Board		
4. Application of Coatings		
5. Application of Mesh		
6. Ambient Condition and Curing		
7. Flashing and Joint Details		
8. Sealants/Caulks		
9. Other:		

Mechanical & Electrical Systems

Item	Agency # (Qualification)	Scope
1. Smoke Control		
2. Mechanical, HVAC & Piping		
3. Electrical System		
4. Other:		

Architectural Systems

Item	Agency # (Qualification)	Scope
1. Wall Panels & Veneers		
2. Suspended Ceilings		
3. Access Floors		
4. Other:		

Item	Agency # (Qualification)	Scope