City of Loxley
Building Permit Application

Permit # _____

Job Address:		
Lot :	PPIN :	
Owner:	Address:	Phone:
Contractor:	Address:	Phone:
Architect:	Address:	Phone:
Engineer:	Address:	Phone:
Use of Building:		
Class of Work: New _____ Addition _____ Alteration _____ Repair _____ Move _____ Remove _____		
Describe Work:		
Valuation:	Permit Fee:	
Special Conditions:		
Approved for Issuance by:	Date:	

NOTICE

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.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF 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.

Signature of Contractor or Authorized Agent (Date)	Signature of Owner (Date)

Permit Validation: Check Cash Debit/Credit