

CITY OF JASPER
BUILDING PERMIT APPLICATION

Department of Building Inspection
1814 4th Avenue
Phone (205) 221-8529
Fax (205) 221-8504
inspection@jaspercite.com

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

CONTRACTOR INFORMATION:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

LICENSE INFORMATION:

City# _____

General Contractor# _____

Home Builder# _____

GENERAL INFORMATION:

Building Site Address: _____

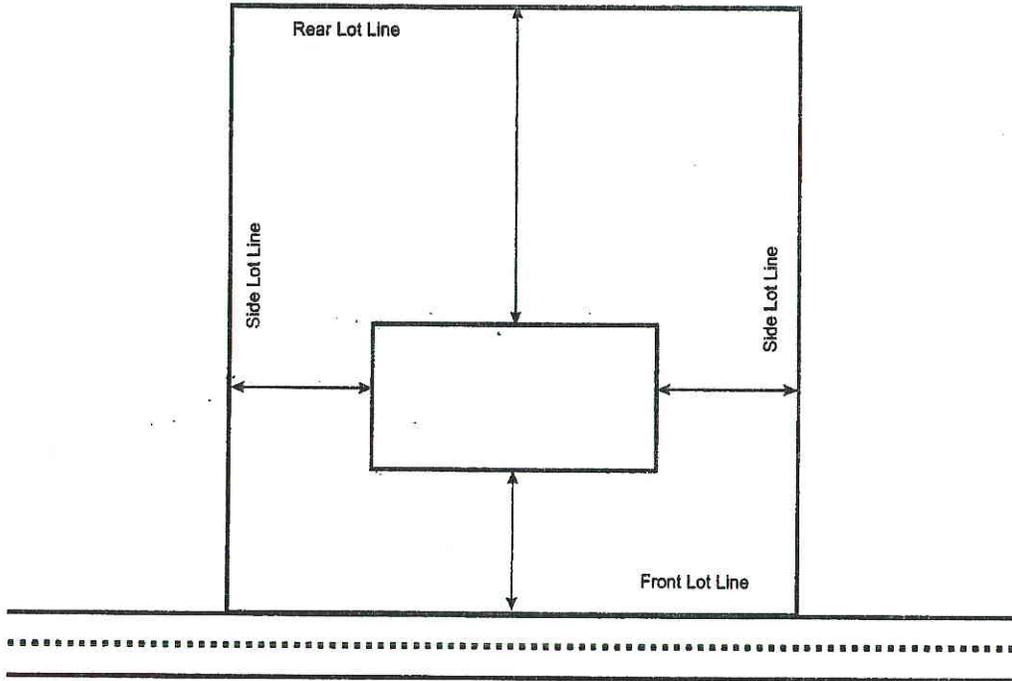
Type of Permit: Commercial Residential Institutional Manufactured Home Pool

Zoning District: _____ Estimated Value \$ _____

Tax Map # _____ Parcel# _____

APPLICANT'S NAME: _____

Signature: _____ Date: _____



Corner lots have two front yards. Please Indicate side streets on the drawing

Scope of work:

Zoning Administrator

Notes:
