



SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

1123 COUNTY SERVICES DRIVE
PELHAM, ALABAMA 35124

WWW.SHELBYAL.COM

- ZONING VERIFICATION FORM
- FOUNDATION SURVEY FORM

Municipality (please check box):

- Chelsea
- Columbiana
- Indian Springs Village
- Wilsonville
- Wilton

Required County Information: Foundation Survey Attached

Parcel Identification Number: _____ - _____ - _____ - _____ - _____

Owner: _____
Phone: _____

Applicant: _____
Phone: _____

Project _____
Address: _____

Proposed Use: _____

Permit Type: New Remodel

Zoning Designation: _____

Overlay District: Yes No

Subdivision Name: _____

Setbacks: ___ front ___ side ___ rear

Lot _____ Block _____ Phase _____

Square Footage: _____

Approved Denied: _____
Signed Title Date

Variance

Approved Denied: _____
Signed Title Date

Comments/Reason for Denial:

Optional City/Town Requirements:

Permit #: _____

Building Height: _____

No. of Acres: _____

Flood Zone: _____

Sanitation: _____

Water: _____

Fire District: _____

Contractor/Subcontractor Information:

_____ Name/Company	_____ City Business License	_____ Expiration Date
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_____ Name/Company	_____ City Business License	_____ Expiration Date
_____ Name/Company	_____ City Business License	_____ Expiration Date

City of Columbiana

Commerical Residential Sub – Contractors list for existing structures

this form must be filled out in its entirety **BEFORE** we issue a Zoning Verification to Shelby County

Job Address: _____ Lot # _____

Home Builder/Developer _____ State License # _____

City License# _____ Phone # _____ Fax # _____

Email: _____ Cell# _____

Subcontractor	Business Name	Address	Phone numbers	City License #	State License #
Site Grading				*	
Footing				*	
Concrete				*	
Septic/Sewer				*	
Block/Brick				*	
Stone				*	
Vinyl Siding				*	
Framing				*	
Trim Work				*	
Electrician				*	*
Plumbing				*	*
Roofing				*	
Sheet Rock Hanger/Finisher				*	
HVAC				*	*
Insulation				*	
Cabinets				*	
Ceramic Tile				*	
Hardwood				*	
Vinyl Flooring				*	
Carpet				*	
Paint				*	
Window Supplier				*	

Subcontractor	Business name	Address	Phone Numbers	City License#	State License#
Alarm System				*	*
Garage Door				*	
Dumpster Company				*	
Port -O -Let				*	
Appliance Vendor				*	
Blinds				*	
Termite Bond				*	
Lumber Supplier				*	
Roofing Supplier				*	

As the homebuilder on this project, I do certify that this is a true and accurate listing of the subcontractors that will be doing these jobs. I understand that I will have to have this form completed and turned into the City of Columbiana before I can get a Zoning Verification issued.

Signed: _____ Date: _____
only to be signed by licensed contractor listed on the permit

As required by Alabama Act 94-487 Call 2 days before excavation 1-800-292-8525 Alabama Line Location Center INC.

In the event your Sub List changes after this is submitted, it is the Contractor's responsibility to notify all subs that they must have a City of Columbiana Business License prior to commencing work. Shelby County will provide a list of subs that pulled permits and worked on the job. Thank you for your compliance.

**City of Columbiana
107 Mildred Street Columbiana, AL 35051
205-669-5800**

Dale Lucas, Planning & Zoning Director
(must be signed for approval)

Date