

Date received by Calhoun County: _____

Town of St. Matthews Pre-Permit Authorization

ALL requested information (below) must be completed prior to review and processing.

1. Project Address, description of work and total project cost:

2. Approximate start date and expected completion date: _____

3. Name, telephone number, email and address of the property owner where work is being performed.

4. Name, telephone number, email and address of the Contractor Performing work.

5. Contractor's State License # _____ Town Business License# _____

Note: The Town of St. Matthews will review this request after submission from the County to assure the project is in compliance with all Town and State regulations after which this form will be return to the Calhoun County's office of Inspections. All Contractors **MUST have a Town Business License prior to starting work.**

Signature Authorization of Property Owner/Contractor

Date:

Calhoun County Building Inspections Dept.

Date submitted:

Town of St. Matthews Authorization for County to move forward with the Permit issuance:

Town of St. Matthews Signature of approval

Date submitted to County Inspections: