

# STILLWATERS NO COST PERMIT APPLICATION

STILLWATERS RESIDENTIAL ASSOCIATION, INC.  
1816-B STILLWATERS DR., DADEVILLE, AL 36853  
Phone 256-825-2990 Fax 256-825 2991

**DATE:** \_\_\_\_\_

## Owner/Applicant

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

## Site Information

Lot # \_\_\_\_\_

Subdivision \_\_\_\_\_

Address \_\_\_\_\_

Covenant \_\_\_\_\_

Septic [ ] Sewer [ ]

## CONTRACTOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## SUPERVISOR/FOREMAN

Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_

Phone (Night) \_\_\_\_\_

## BRIEF DISCRIPTION OF REPAIR WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read and understand the "Amended and Restated Declaration of Restrictions and Protective Covenants for StillWaters" and will meet the requirements and restrictions as set forth therein. I will be in compliance with the Southern Building Code.

OWNER: \_\_\_\_\_  
Signature required

Date \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_  
Signature required

Date \_\_\_\_\_

The scope of review by the Architectural Committee is limited to appearance only and does not include any responsibility or authority to review for structural soundness, compliance with building or zoning codes or standards, or any other similar or dissimilar factors.

\*\*\*\*\* ARCHITECTURAL COMMITTEE USE ONLY \*\*\*\*\*

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

REVIEWING MEMBERS: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

**BUILDING PERMIT NUMBER** \_\_\_\_\_

**DATE ISSUED** \_\_\_\_\_

