APPLICATION FOR SIGN PERMIT

CITY OF ADAMSVILLE, AL INSPECTION DEPARTMENT
P O BOX 309, ADAMSVILLE, AL 35005
PHONE: 205-674-5671 FAX: 205-674-6430
FEE: $7.00 PER $1,000
APPLICATION IS HEREBY MADE FOR SIGN PERMIT TO ACCOMPLISH THE WORK AS HEREIN DESCRIBED

PERMIT NO_____

ZONING APPROVAL_____
OCCUPANCY GROUP_____

APPROVED_____

_____
CONTRACTOR NAME

_____
ADDRESS

_____
CITY STATE ZIP

_____ ___
PHONE

IS APPLICANT A LICENSED CONTRACTOR YES NO

IF YES PROVIDE LICENSE NO
JEFFERSON COUNTY_____ AL_____

SITE LOCATION:

ADDRESS_____
_____

LEGAL DESCRIPTION:
LOT_____ BLOCK_____
SURVEY_____
SECTION_____ TOWNSHIP_____
RANGE_____ PARCEL ID_____

ACCURATELY DESCRIBE WORK TO BE DONE:_____
_____
_____
_____
_____
_____

ADDITIONAL INFORMATION:
_____
_____
_____

OWNER:
NAME OF OWNER_____
ADDRESS_____
_____
CITY STATE ZIP PHONE

CERTIFICATION- COPY OF CONTRACT AND/OR DRAWINGS REQUIRED
I hereby certify, that I have read this application and that all information contained herein is true and correct: That I agree to comply with all city ordinance and state laws regulating construction: that I am the owner or authorized to act as the owner's agent for the herein described work: and, that the total contract or valuation is $_____ {COST IS $9.00 PER THOUSAND} $50.00 Minimum Fee
Amount

NAME OF COMPANY_____ DATE_____

SIGNATURE_____

PERMIT FEE $_____
APPLICATION FEE $ 25.00
PERMIT TOTAL $_____