

CITY OF ROBERTSDALE

22647 Racine Street, PO Box 429, Robertsdale, AL 36567 Office# 251-947-2466 Fax# 251-947-2619 COMMERCIAL BUILDING & SIGN PERMIT APPLICATION

| Job Address: | |
|---|---|
| New () Addition () Remodel () Repair (|) Demo() Sign() Other() |
| Owner: | Phone: |
| Mailing Address: | |
| Email Address: | Fax: |
| Contractor: | Phone: |
| Mailing Address: | |
| Email Address: | Fax: |
| New Commercial Building (Cost of Job): \$ | |
| Sign Permit (Labor & Materials): \$ | |
| All Other Permits (Labor & Materials): \$ | |
| Describe Work: | |
| | |
| | |
| | |
| | |
| Check List: () Plans - 3 Sets (New Construction/ Engineer Or | Architect Stamped), 1 Set (All Others) |
| () Site Plan In Accordance With Land Use Ordina | nces Showing Setbacks |
| () Sign Supplement | |
| () Land Use Application (If Applicable) | |
| () Subcontractor List | |
| NOTICE: ALL CONTRACTORS, SUBCONTRACTORS, & MATERIA | L SUPPLIERS MUST HAVE A CURRENT |
| CITY OF ROBERTSDALE BUSINESS LICENSE AT THE TIME SAID WORK IS PERFORMED. A FINAL INSPECTION | |
| WILL NOT BE SCHEDULED UNTIL FULL COMPLIANCE WITH BUS | SINESS LICENSE REQUIREMENTS. ALL PERMIT |
| FEES, IMPACT FEES, & WATER & SEWER TAP FEES MUST BE PAID AT THE TIME OF PERMIT ISSUANCE. | |
| I hereby certify that all information provided in this application is true, accurate, and complete. | |
| Applicant | Date |
| | |
| Building Inspector | Date |
| Approved () Not Approved () | |

Permit # _____ Date Issued: _____