

Application No. \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$25.00 Paid \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

## CITY OF ROBERTSDALE LAND USE CERTIFICATE APPLICATION

City of Robertsdale P. O. Box 429 Robertsdale, Al. 36567

**AN APPROVED LAND USE CERTIFICATE DOES NOT CONSTITUTE APPROVAL  
FOR A BUILDING PERMIT**

### **Applicant**

Are you the property owner? YES \_\_\_\_\_ NO \_\_\_\_\_

(If you are not the property owner you must submit Agent Authorization Form signed by the property owner)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### **Site Information**

Parcel ID Number: 05- \_\_\_\_\_

Physical Address (E-911): \_\_\_\_\_

Subdivision/Lot/Unit No: \_\_\_\_\_

Are there existing structures on the property? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

### **Water and Sewer Information**

City of Robertsdale Water Yes \_\_\_\_\_ No \_\_\_\_\_

If not, name of Water System or well \_\_\_\_\_

City of Robertsdale Sewer Yes \_\_\_\_\_ No \_\_\_\_\_

If not, name of Sewer System or Septic \_\_\_\_\_

**City of Robertsdale Land Use Certificate Application**

**Project Description**

Use: (check One)

Single Family \_\_\_ Two-Family \_\_\_ Multi-Family \_\_\_ Commerical \_\_\_

Industrial \_\_\_ Alterations/Repairs \_\_\_ Accessory Structure \_\_\_

Sign (complete application A) \_\_\_ Land Disturbance (complete application B) \_\_\_

Billboard (complete application C) \_\_\_ Culvert (complete Right-of-Way application ) \_\_\_

Other (specify) \_\_\_\_\_

Description of all work and the proposed use: \_\_\_\_\_

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This certificate is valid for a six (6) month period after date of issuance. I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incorrect information will result in the revocation of this permit and any worked performed will be at risk of the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After application has been approved:**

I will pick up the approved application after I have been contacted. \_\_\_\_\_

I would like the approved application sent to the Buiding Department. \_\_\_\_\_

**Office Use Only**

Zoning Classification: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Culvert Permit \_\_\_ Sewer Release \_\_\_ Water Release \_\_\_ Site Plan \_\_\_

Construction Plans \_\_\_ U. S. Army Corp. Permit \_\_\_ U. S. Fish & Wildlife Permit \_\_\_

Agent Authorization Form \_\_\_ Potential Wetlands: \_\_\_ YES \_\_\_ NO

\*\*\*\*\*  
Decision: \_\_\_ APPROVED \_\_\_ DENIED

Comments: \_\_\_\_\_

\_\_\_\_\_

Administrator (or designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_