

Application No. _____ Accepted By: _____ Date: _____

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

CITY OF ROBERTSDALE

Supplement A - Signs

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

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: _____

Plans and Specifications

Plans and Specifications for any proposed sign shall be submitted in duplicate, drawn to scale and should also show the following:

Lot Frontage on all street rights-of-ways: _____

Façade area of any wall on which a sign is proposed to be placed: _____

Dimensions of the sign's supporting members: _____

Maximum and Minimum height of sign (as measured from finished grade): _____

Dimensions and elevations (including Message) of the sign: _____

CITY OF ROBERTSDALE

Supplement A - Signs (continued)

Location of the sign in relation to:

Property lines _____ Public rights-of-ways _____

Easements _____ Buildings _____

Other signs on the property _____

For Illuminated signs: Type _____ Placement _____

Intensity _____ Hours Of Illumination _____

Construction and electrical specifications (for the purpose of determining that the sign meets all applicable structural and electrical requirements of the building code):

Value of the proposed sign: _____

The number, type, location and surface area of all existing signs on the same property and/or building on which the sign is to be located: _____

This certificate is valid for a six (6) month period after date of issuance. I do 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 work performed will be at the risk of the applicant.

Applicants Signature: _____ Date: _____

Office Use Only

Zoning Classification: _____

Approved _____ Denied _____

Comments: _____

Reviewed by: _____ Date: _____

Administrator (or designee) Signature: _____ Date: _____