



3940 Illinois Street
 permits@cityofsemmesal.gov
 PH: 251-649-5752 FX: 251-649-5788

SIGN PERMIT APPLICATION

Application is hereby made for a permit to erect/alter a structure as described herein or shown in accompanying plans and specifications, which structure is to be located as shown on the accompanying plot plan. The information which follows and the accompanying plans and specifications with the representations therein contained are made a part of this application, in reliance upon which the Building Inspector is requested to issue a building permit.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, with or without the approval of the Building Inspector, shall constitute sufficient grounds for the revocation of such permit, and/or a certificate of occupancy may be refused.

The City of Semmes in no way warrants, in approving an application for a Building Permit, that the construction/renovation to be undertaken is in compliance with and satisfies any plat, subdivision or homeowner's association restrictions or covenants, or any other State or local laws governing this type of construction.

The Applicant understands and appreciates, that he/she is solely responsible for ensuring that the proposed construction/renovation fully complies with the City of Semmes Building Code Regulations, or any other State or local laws pertaining to this type of construction, all relevant plat restrictions and covenants and/or subdivision/homeowner's association restrictions and covenants, and any other restrictions or covenants application to this property.

*****Do you have a Business License with the City of Semmes?*****
 Before filling out this application, please verify that you have an up to date business license.

Permit #:

Date Issued:

Job Location: _____ Residential Commercial

Est. Value \$ _____ **Fee\$** _____

Description of Project:

Property Owner: _____ **Address:** _____ **Phone:** _____

Applicant: _____ **Address:** _____ **Phone:** _____

(If different from property owner)

SIGN

Contractor: _____ License #: _____ Job Specs turned in?

Contact Name: _____ Phone: _____

Email: _____ Job Cost: \$ _____

Type:

On Premise Single Business Multi-Business Alteration/Repair Replacement

Electronic Window Directional Free Standing Other _____

Meet the required wind load specifications for the structural design requirements of 135 mph for 3 seconds?

Yes No N/A

Does the Sign encroach on any easements or right of ways?

Yes No

If yes, attach executed agreement

Length:	Width:
Height: From Ground:	Sq. Ft:

Dimensions of Primary Façade (Wall Sign) Width: Height:

Content of Sign: _____

*****I hear by certify that the information given is correct and true.** _____
 Permit Clerk: _____ **Applicant's Signature** _____