

City of Semmes Driveway ROW Permit Application

Phone: 251/649-5752 Fax: 251/649-5788 www.cityofsemmes.org 3940 Illinois Street P.O. Box 1757 Semmes, AL 36575

					FOR CITY OF SE	MMES USE ONLY				
Permit No	0.		Fee Paid: Date Paid		Receipt for Pipe Receiv	Pipe Received: red:	□Cash □Check Check No.			
			PERM	T IS VOID IF WO	RK DOES N	OT PROCEED WIT	HIN 30 DAYS			
Person/C	Organization:									
Email:						Phone:				
Address	of Project:									
Mailing A										
24-hour Emergency Contact: 24-hour Phone No: ()										
	or Permit:									
I hereby state all information is correct. I also agree to be bound by the provisions of the City of Semmes ordinances (2015-02; 2017-04), specifications and regulations, in addition to any restrictions and regulations as may be imposed by the Public Works Superintendent or his/her designee. The undersigned does hereby certify that he/she is the duly authorized Agent of the Applicant for the purpose of binding the Applicant to the terms and conditions of this application and this information. Permittee Signature: Date: Date:										
FOR CITY OF SEMMES OFFICE USE ONLY										
PW Comn	nents:									
Site Visited:				By:						
Size	Length	Туре	Orderec Receipt	I From: on File: □Yes □No			n non-paved area? closure be required? ure be required?	□ Yes	□ No □ No □ No	
FOR CITY OF SEMMES OFFICE USE ONLY										
Final Acce	eptance: PUBL	IC WORKS D	EPARTMEN	「 □ ACCEPTED	□ REJECTED					
Accepted By: Date:										



City of Semmes Right-of-Way Permit Application

FOR PROJECTS NEEDING A SKETCH, PLEASE DO SO ON THE WORKSHEET BELOW

Right-of-Way Detail Worksh	eet *Please akeich whet work will be done.
Street	
RÓW	ROW
Property Line	Property Line *drawing not to scale