

**APPLICATION FOR
SIGN PERMIT**
CITY OF ADAMSVILLE, AL INSPECTION DEPARTMENT
P O BOX 309, ADAMSVILLE, AL 35005
PHONE: 205-674-5671 FAX: 205-674-6430
FEE: \$7.00 PER \$1,000
APPLICATION IS HEREBY MADE FOR SIGN PERMIT TO
ACCOMPLISH THE WORK AS HEREIN DESCRIBED

PERMIT NO _____

ZONING APPROVAL _____
OCCUPANCY GROUP _____

APPROVED _____

CONTRACTOR NAME

ADDRESS

CITY _____ STATE _____ ZIP _____
IS APPLICANT A LICENSED CONTRACTOR YES NO
PHONE _____
IF YES PROVIDE LICENSE NO _____
JEFFERSON COUNTY _____ AL _____

SITE LOCATION:
ADDRESS _____

LEGAL DESCRIPTION:
LOT _____ BLOCK _____
SURVEY _____
SECTION _____ TOWNSHIP _____
RANGE _____ PARCEL ID _____

ACCURATELY DESCRIBE WORK TO BE DONE: _____

ADDITIONAL INFORMATION:

OWNER:
NAME OF OWNER _____
ADDRESS _____

CITY STATE ZIP PHONE

CERTIFICATION- COPY OF CONTRACT AND/OR DRAWINGS REQUIRED
I hereby certify, that I have read this application and that all information contained herein is true and correct: That I agree to comply with all city ordinance and state laws regulating construction: that I am the owner or authorized to act as the owner’s agent for the herein described work: and, that the total contract or valuation is \$ _____ {COST IS \$7.00 PER THOUSAND} \$30.00 Minimum Fee
Amount

NAME OF COMPANY _____ DATE _____

SIGNATURE _____
PERMIT FEE \$ _____
APPLICATION FEE \$ 25.00
PERMIT TOTAL \$ _____

