SIGN PERMIT APPLICATION
City of Smiths Station
P.O. Box 250
2336 Lee Road 430
Smiths Station, AL 36877
334-297-8771 www.smithsstational.gov 334-448-8422 FAX

Sign Location: _____

CONTACT INFORMATION

Applicant Information	Sign Contractor
Business Name:	**Business Name:**
Address:	**Address:**
City:	**City:**
State: **Zip:**	**State:** **Zip:**
Phone No.:	**Phone No.:**
Contact Person:	**Contact Person:**

SIGN CONSTRUCTION TYPE

- ☐ On Premise
- ☐ Off Premise
- ☐ Temporary
- ☐ Permanent
- ☐ Other (specify): _____
- ☐ Illumination _____ No. of foot Candles:_____
- ☐ Distance from R.O.W. _____

Certification of Applicant and Owner

This permit becomes null and void if authorized work or construction has not begun within six (6) months of issuance or if work is suspended or abandoned for a period of one (1) year at any time after work has commenced.

I hereby, certify that I have read and examined the application, know the same to be true and correct. All provisions of laws and ordinances governing this work shall be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The undersigned hereby authorizes the City and its official representatives to inspect their property at reasonable times to ensure compliance with applicable laws, ordinances and regulations.

_____
Signature of Applicant/Contractor **Date**

_____
Signature of Owner **Date**

OFFICIAL USE ONLY
Date of Application:_____ **Date of Approval:** _____
Date of Permit:_____ **Permit No.:** _____
Permit Fee: _____ **Issuance Fee:** _____ **Total Fee:** _____