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SITE PLAN APPLICATION

CITY OF SMITHS STATION
2336 Lee Road 430,
Smiths Station, AL 36877
334-297-8771
Fax 334-448-8422

Site Address: _____ Applicant Name: _____

Project Name: _____ Applicant Address: _____

Tax Parcel I.D.#: _____ Applicant Phone: _____

Current Zoning: _____ Current Use: _____ Applicant E-mail Address: _____

Proposed Use: _____ Owner Name: _____

Gross Area of Subject Property: _____ Owner Address: _____

Foundation Square Feet: _____ Owner Phone: _____

Height of Structure: _____ Number of Stories: _____ Owner Email: _____

Number of Individual Units: _____ Contractor Name: _____

Proposed Cladding/Facade Material: _____ Contractor Phone: _____

Flood Hazard Area? Yes No Contractor Email: _____
(Attach a list of all sub-contractors with address, phone and email)

Construction Begin Date: _____ City Business License #: _____

Project Description: _____

ACKNOWLEDGEMENT:
I, the OWNER or ACTING AGENT OF OWNER, certify that all the above facts are true and correct to the best of my knowledge. I understand that any approval granted pursuant to this application shall be subject to all applicable regulations of the City of Smiths Station. I further understand that payment of any fee does not entitle me to approval of this request and I am not entitled to a refund.

PRINT NAME: _____ Date: _____

SIGNATURE: _____

IMPORTANT

A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the applicant is not the owner, then an "Authorization to Act as Agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged. **One 8 ½ x11 or 11x17 copy must be included with this application. Note: Before Construction**, you must contact the Lee County Building Inspector for additional permits required to begin this project. A list of all sub-contractors must be included with this application. **All sub-contractors must have a City Business License. This certificate becomes null and void if authorized work or construction has not begun within 90 days of issuance or if work is suspended or abandoned for a period.**

_____ Initial Here

OFFICIAL USE ONLY

Application Fee: \$ _____ Received By: _____ Date: _____ Receipt #: _____ Case#: _____

Approved Denied Date: _____ Signature: _____