

# Sign Permit Application

City of Pell City • 1905 First Avenue North • Pell City, AL 35125 • (205)338-2244 • Fax: (205)814-9088

Associated Building Permit No \_\_\_\_\_ Date Applied \_\_\_\_\_

Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Address: \_\_\_\_\_ Suite# \_\_\_\_\_ Parcel \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract and Installation Cost of Sign: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

(The cost of the permit is \$5.00 per \$1,000, plus CICT fee \$1.00 per \$1,000/ based on the contract/install cost)

(Issuance Fee \$10.00/Minimum fee cost \$25.00)

New Sign ☐ Existing Sign (Repair/Alteration) ☐ Zoning: \_\_\_\_\_

If Repair/Replacement, explain work to be done: \_\_\_\_\_

Surface area of sign: \_\_\_\_\_ Sq. ft Type of Sign : \_\_\_\_\_ Number of Signs Installed: \_\_\_\_\_

Frontage on building: \_\_\_\_\_ In. ft. Frontage on lot: \_\_\_\_\_ In. ft.

## Requirements:

Written consent of owner of the building or land is required with this application.

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the following information with this application:

- Plans or drawings with dimensions and specifications of the sign and location on the property.
- Number and type of existing signs
- Engineer drawings may be required
- If sign is illuminated an electrician has to purchase an additional permit for electrical work.

**\*\*Building inspector may require other information for this permit to be issued.**

Copies of Article XV of the City of Pell City Sign Ordinance are available from the Planning and Zoning Office. Please refer to the Ordinance to determine the number, size and type of signs allowed in your Zoning District or please talk with the Zoning Administrator.

Signed: \_\_\_\_\_ Pell City Business License Number: \_\_\_\_\_

Print Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Approved: \_\_\_\_\_ Denied \_\_\_\_\_ If Denied, Reason \_\_\_\_\_

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_

Building Inspector

Approved By: \_\_\_\_\_

Fire Department

Permit# \_\_\_\_\_ Issued By \_\_\_\_\_ Date Received \_\_\_\_\_ Total Amt Pd \_\_\_\_\_ Check# \_\_\_\_\_