

DATE _____

PERMIT NO. _____

SIGN PERMIT APPLICATION

City of Carroll, Iowa

Applicant to complete heavily outlined portion only

Job Address			
Legal Descr.	Lot No.	Block	Tract
Owner	Mail Address	Zip	Phone
Contractor	Mail Address	Zip	Phone
	Fax No.		License No.
Architect or Designer	Mail Address	Zip	Phone
Engineer	Mail Address	Zip	Phone
Use of Building			
Description of Work			
<p align="center">NOTICE</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE THE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		<p align="center">ATTACH BLUE PRINTS AND SITE PLAN</p>	
		Valuation of Work	
		\$	
		Sign Permit Fee	
		\$15.00	
		Application accepted by	
		Plan Check by	
		Date:	
Signature of owner or authorized agent		Date	
Signature of owner (if owner builder)		Date	
		Approved by	