

DATE _____

PERMIT NO. _____

SIGN PERMIT APPLICATION

CITY OF CARROLL, IOWA

Job Address

Owner	Mailing Address	Phone
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Contractor	Mailing Address	License No.	Phone
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Architect or Designer	Mailing Address	License No.	Phone
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Use of Building

Description of Work

REVIEW NOTICE & SIGN BELOW		ATTACH BLUE PRINTS AND SITE PLAN	
<p>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>		Valuation of Work \$ _____	
		Sign Permit Fee	\$
		<p><u>TOTAL AMOUNT DUE</u></p>	
Signature of owner or authorized agent Date		WHEN PROPERLY APPROVED BELOW THIS IS YOUR PERMIT	
		Application accepted by:	
		Date:	
		Approved by:	