CITY OF SEMINOLE

BUILDING SECTION

PERMIT APPLICATION FOR CONSTRUCTION IN THE PUBLIC RIGHTS OF WAYS

Date_____ Valuation of Job_____

Name of Applicant:_____

Address_____

Applicant's primary contact person in connection with the Registration with the City_____Telephone Number_____

Emergency Contact Name_____Number_____

Job Address_____

Zoning_____Contractor Name_____

Contractor Address_____

Contractor Number_____

Description of Work_____

_____

Schedule of Construction_____

(2) Two sets of plans are required for all work done in the City of Seminole.

Signature of Applicant_____Date_____
Signature of Public Works Director_____Date_____
Signature of Fire Marshal_____Date_____

Approved_____

Denied_____