



PLEASE PRINT LEGIBLY

DEVELOPMENT SERVICES  
DEPARTMENT

## Self-Certification Program Residential – Single Family & Duplex Permit Application

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

Permit Address: \_\_\_\_\_

Recorded Subdivision Name: \_\_\_\_\_

Lot #: \_\_\_\_\_

Project Valuation: \_\_\_\_\_

**(Proposed Construction Areas)** 1st Floor Habitable SF: \_\_\_\_\_ 2nd Floor Habitable SF: \_\_\_\_\_

Porch SF: \_\_\_\_\_ Patio SF: \_\_\_\_\_ Garage SF: \_\_\_\_\_ Other SF: \_\_\_\_\_ Detached Bld SF: \_\_\_\_\_

**(Existing Remodel Areas):** Livable SF: \_\_\_\_\_ Other SF: \_\_\_\_\_ **Total Project SF:** \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

### **Professional of Record Information**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ AL

License #: \_\_\_\_\_ Email: \_\_\_\_\_ Self-

Certification Date of Completion: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Professional of Record Signature: \_\_\_\_\_

### **Responsible Tenant or Owner Information**

Owner/Tenant: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **General Contractor Information**

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Leeds Business #: \_\_\_\_\_ Name: \_\_\_\_\_

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**City of Leeds Development Services Department**

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**\*\*\*Self-Certification Professional is to obtain ZA Clearances prior to project submittal\*\*\***

# RESIDENTIAL-SINGLE FAMILY & DUPLEX APPLICATION CERTIFICATION

I, \_\_\_\_\_, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

\_\_\_\_\_  
Signature of Owner/Project Supervisor

STATE OF ALABAMA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ s.s. \_\_\_\_\_ 20\_\_\_\_\_. Then personally appear the above named \_\_\_\_\_ and made an oath that the above statement is true.

Before me,

\_\_\_\_\_  
Notary Public