

PLEASE PRINT LEGIBLY



DEVELOPMENT SERVICES
DEPARTMENT

Self-Certification Program Commercial/Multi-Family Permit Application

Date: _____

Project Address: _____

Lot #: _____ Tract #: _____ Floor: _____ Suite/Space: _____

Building #: _____ Building Area: _____ Building Valuation: _____

Construction Type: _____ Occupancy Type: _____ **(For Multiple Buildings - See Page 2)**

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: **X** _____

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 License #: _____

State License #: _____

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City of Leeds Development Services Department Self-
Certification Commercial Permit Application – Page 2 of 2

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

COMMERCIAL-MULTI FAMILY 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