

Sign Permit



Application Accepted By _____

Date _____ Permit # _____

**Site plan, elevation drawings with dimensions, & shop drawings are required with this submittal
Applicant to Complete First Section**

Address Where Sign(s) is (are) to be installed		Name of Business	
Name of Business Owner	Mailing Address (if different than above)	Zip Code	Phone Number
Legal Description – if too long for space, attach separate sheet with full legal description			
Owner of Record of Property	Mailing Address	Zip Code	Phone Number
Owner of Sign	Mailing Address	Zip Code	Phone Number
Sign <u>Installer</u> / License #	Mailing Address	Zip Code	Phone Number
Class of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration Estimated date of installation: _____			
Illumination <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Electronic Message Center <input type="checkbox"/> None			
Will any new electrical work be necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO Electrical Contractor _____ (separate permit required & will be issued to the electrical contractor at time sign permit is issued)			
Are there overhead power lines within 10 feet of proposed location of sign? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Type of Sign(s) (Indicate the number of signs in the box next to the sign type)			
<input type="checkbox"/> Pole <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Awning <input type="checkbox"/> Canopy <input type="checkbox"/> Marquee			
<input type="checkbox"/> Projecting <input type="checkbox"/> Roof <input type="checkbox"/> Decorative <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(description)</div>			
Name of Applicant		Applicant Represents (Company or Employer)	
Signature of Applicant		Date	Applicant's Phone Number

Staff Use

Zoning	Square Footage of Signs	Illumination Approved	SPECIAL CONDITIONS: _____ _____ _____ _____	
Historic District	New	Electrical Permit Required?		
B.I.D.	Existing	Contr. License Verified?		
Vision Triangle	Total	Proposed Set-back		
	Total Allowed	Required Set-back		
Approved for Issuance By		Date	Permit Fee	Receipt #, Staff Initials