



WINDOW SIGNAGE PERMIT APPLICATION

Applicant: _____ Business Name: _____

Email Address: _____

Business Location :

Professional signage to be displayed at:

Top Portion of Windows

Bottom Portion of Windows

☐ Left Window Panel

☐ Center Window Panel

☐ Right Window Panel

CONDITIONS OF APPROVAL

1. This approval is only valid for the occupancy duration of the business applicant.
2. Window signage not to exceed 25% of any window area of each building side fronting a public street or parking lot.
 - a. Any number of professional window signs is allowed provided that the signs are consolidated within one area as approved per the attached diagram.
3. Window signage includes professionally painted, attached, glued, or otherwise affixed signs within fifteen feet of a window which includes advertising relating to the business name, services rendered, sales, and products.
4. Window signage shall not be designed to flash and/or blink on and off, or be designed to rotate or revolve in such a manner so as to create the illusion of flashing or blinking on and off.
5. This window signage permit is not an approval for promotional advertising for the display of banners, flags, pennants, etc, which are directly related to grand openings, seasonal sales, and/or special events.

A separate Promotional Advertising application and fee with refundable deposit are required.
6. Business owner is granted seven days to remove and/or relocate signs to conform to the approved window signage plan. Window signage display in non-approved areas is prohibited.
7. Failure to comply with any of the conditions contained here in may result in revocation of this grant.

-----For Department Use Only-----

Received by: _____

Date: _____

Zone: _____

Cc:

Address File

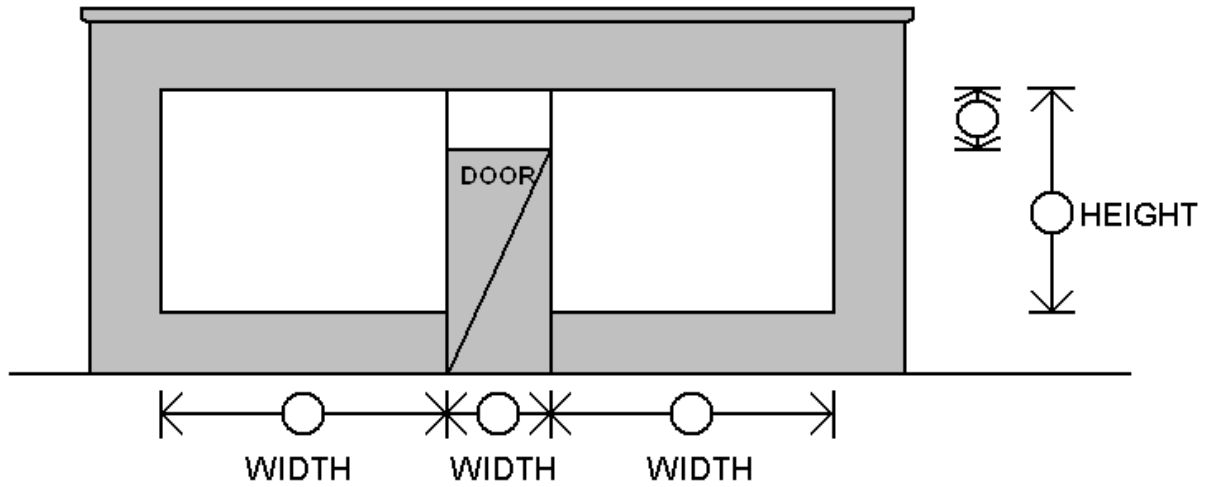
Code Enforcement

Yes / No

FRONT WINDOW ELEVATION

BUSINESS ADDRESS: _____

FRONT VIEW



-----For Department Use Only-----

Received by: _____

Date: _____

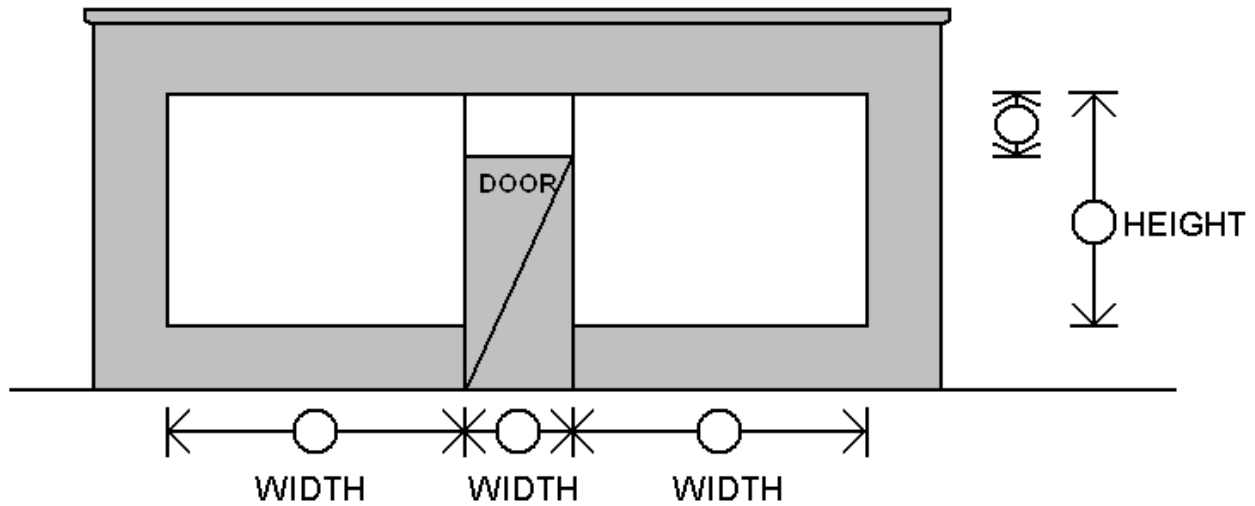
Decision: _____

Date: _____

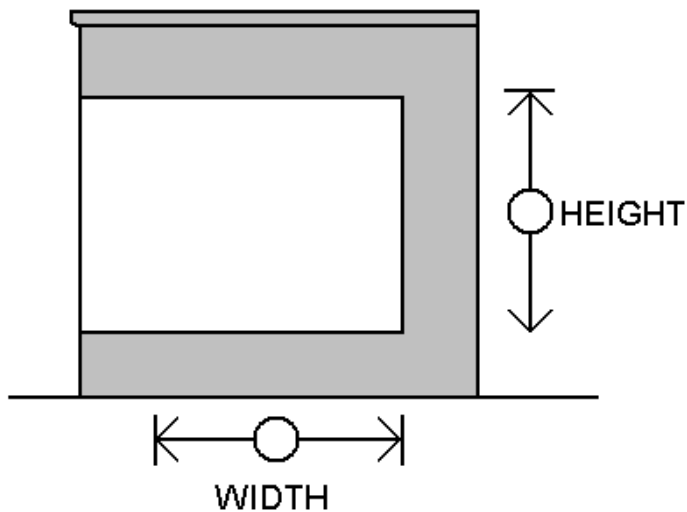
FRONT AND SIDE WINDOW ELEVATIONS (CORNER TENANTS ONLY)

BUSINESS ADDRESS: _____

FRONT VIEW



SIDE VIEW



-----For Department Use Only-----

Received by: _____ Date: _____

Decision: _____ Date: _____