



Town of New Hope
121 Rockcrest Road
New Hope, TX 75071-4103
Website: www.newhopetx.gov

972-548-2489
Email: buildingofficial@newhopetx.gov

SIGN PERMIT APPLICATION

Project Address: _____ Zoning: _____

Legal Description: _____

Property Owner Name: _____ Phone: _____

Address: _____ Email: _____

Tenant Name (if applicable): _____ Phone: _____

Sign Fabricator: _____ Phone: _____

If using individual contractor(s) for electrical, you must provide license numbers

Electrical Contractor: _____ License #: _____

Subject to Field Inspections.

Must meet the applicable INTERNATIONAL RESIDENTIAL CODE and/or INTERNATIONAL BUILDING CODE

SIGN INFORMATION

CONSTRUCTION	AREA IN SQUARE FEET	TYPE	WORK INCLUDED
☐ NEW SIGN	SIGN AREA: _____ SF	☐ COMMERCIAL	☐ WALL/WINDOW SIGN
☐ RENOVATED SIGN	SIGN & BASE AREA: _____ SF	☐ HOME OCCUPATION	☐ CONCRETE / MASONRY
☐ TEMPORARY SIGN	SIGN HEIGHT _____ FEET		☐ METAL / GLASS
	TOTAL AREA _____ SF		☐ CARPENTRY
			☐ ELECTRICAL

Project Valuation: \$ _____

NOTE: Plan Location and Elevation(s) of proposed new signage is to be furnished by applicant to accompany this application. Drawings MUST be provided on separate page(s) with dimensions.

SCOPE OF PERMIT: For new signs and for renovation to existing signs, the permit will authorize all work (including electrical work) to be performed in the construction of compliant signage at this address.

APPLICANT DECLARATION: I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said signage in compliance with all provisions of the Town of New Hope, Texas Signage Ordinance and the Town of New Hope, Texas Comprehensive Zoning Ordinances or any other applicable ordinance. I hereby certify that I am the OWNER at this address or that for the purposes of obtaining approval, I am acting on behalf of the owner.

SIGNED: _____

Owner or Agent Signature

DATE: _____

Official Town Use Only:

Received by: _____ Date: _____

Assigned Permit # _____

Building Official Approval: _____ Date: _____

Fee Due: \$ _____ Payment Received on: _____ ☐ Cash ☐ Check # _____ ☐ Credit/Debit