



SIGN PERMIT APPLICATION

CITY OF SAFFORD – BUILDING DIVISION
Telephone: (928) 432-4140 Fax: (928) 348-8515
808 S 8th Avenue / P.O. Box 272
Safford, Arizona 85548

- Office Use Only -

Date Received: _____

☐ Approved

Date Issued: _____

☐ Denied

Date Denied: _____

Reason for denial: _____

This permit application is reviewed for completeness by the Planning and Community Development Department. Please review the application for required submittal documents and review procedures. If there are deficiencies in the permit application requirements, the applicant will be notified during the review process or upon completion of the initial review.

The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford, and any clarification on statutes, ordinances, codes or policy may be directed to the Planning and Community Development Department. The review of this application may take up to two to four weeks. Upon approval of this application, inspections may be required by the Planning and Community Development Department, Utility Department, Public Works Department, and/or Engineering Department and may be requested by the applicant at any time. By signing the permit, you are giving the City of Safford permission to conduct any and all inspections required. For questions or information concerning this application, please contact the Planning and Community Development Department at 928-432-4140.

If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustments according to Section 17.88.030 of the City of Safford Municipal Code.

COMPLETE ONE APPLICATION FOR EACH SIGN

☐ Attached ☐ Detached

Project: _____ Valuation of Work: \$ _____

Site Address: _____

Describe Work: _____

Tax Parcel #		Subdivision		Lot #	
Plan Review Contact Person	Mailing Address		City, State Zip		Phone
Email Address:					
Occupant	Mailing Address		City, State Zip		Phone
Property Owner	Mailing Address		City, State Zip		Phone

Continued on next page...

Contractor	Mailing Address	City, State Zip	Phone
	State Contractor License #	State Tax License #	City Business License #

I hereby certify that I have read and examined this permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

INSPECTION POLICY: Inspection requests should be received 24 hours prior to your requested inspection time. Friday inspections may be requested when needed but must be requested before 12:00 p.m. on Thursday. Friday inspections shall occur before 12:00 p.m.

Owner/Representative Signature

Date

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Zone District: _____

Illuminated: ☐ Yes ☐ No

Type of Sign: _____

Property/Building Frontage: _____

Allowable Signage (Attached/Detached) square footage: _____

Existing Signage (Attached/Detached) square footage: _____

This Application Signage (Attached/Detached) square footage: _____

Application within allowable area: ☐ Yes ☐ No

Balance of Allowable Signage (Attached/Detached) square footage: _____

Sign Permit Fee: \$_____

CONDITIONS OF APPROVAL:

Approving Building Officer

Date