APPLICATION FOR SIGN PERMIT

A. Type of Sign Permit

Type:

☐ Permanent Sign

☐ Limited Duration Sign

For Office Use Only

Sign A/P # _____

Sign Tag#_____

Electrical A/P# _____

Sign Permit Fee: _____

Date:_____

B. Location of Sign

Address: _____

Lot_____ Block_____ Parcel _____

If a limited duration sign is located within the public right-of way, provide block number of street

C. Applicant Information

Name of Applicant_____ Phone# _____

Address_____ City _____ State ___ Zip_____

Contact Person _____ Phone# _____

Sign Installer_____ License #_____

Address _____ Phone#_____

City _____ State _____ Zip Code_____

D. Permanent Sign Information

☐ On Building Wall ☐ Freestanding ☐ Canopy

☐ Illuminated ☐ Non-illuminated

Sign Message _____

Dimensions: Sign Area _____ square feet

Length_____ft ___inches Width _____ft ___inches Height _____ft ___inches

E. Limited Duration Sign Information

LOCATION:

☐ Public Right-of-Way

or

☐ Private Property

TIME OF DISPLAY:

☐ Weekends Only

or

☐ Other Time Period

Sign Message _____

Sign Dimensions: _____Length _____Width _____Height

F: To Be Read by the Applicant

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

_____

Applicant's Signature Date Print Name

AUTHORIZED AGENT AFFIDAVIT:

I hereby declare and affirm, under the penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of:

Print Property Owner's Name Phone

2. The work proposed by this sign permit application is authorized by the property owner, &
3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

Original Authorized Agent's Signature Date Print Name

☐ APPROVED ☐ DENIED

ZONING INSPECTOR'S SIGNATURE DATE