



SIGN PERMIT APPLICATION

DATE _____

CITY OF GROESBECK

317 W. NAVASOTA
GROESBECK, TX 76642

TELEPHONE: 254-729-3293 EXT. 2 FAX: 254-729-0231

PERMIT No. _____

CONTACT INFORMATION

STREET ADDRESS OF SIGN: _____

APPLICANT NAME: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____
CITY STATE ZIP

NAME OF BUSINESS: _____ MANAGER/OWNER: _____

CONTACT NUMBER: _____ EMAIL: _____

BUSINESS MAILING ADDRESS: _____
CITY STATE ZIP

PLEASE RETURN THE FOLLOWING WITH THIS FORM

1. TWO COPIES OF A COMPLETE DRAWING OF THE SIGN INCLUDING ALL DIMENSIONS OF THE ENTIRE STRUCTURE. THIS DRAWING MUST ALSO INCLUDE ALL INFORMATION LOCATED ON THE SIGN FACE.
2. IF THE SIGN IS TO BE INSTALLED ON A BUILDING THEN AN ELEVATION DRAWING WITH DIMENSIONS MUST BE ATTACHED WHICH SHOWS THE LOCATION OF THE SIGN.
3. ALL SIGNS SHALL COMPLY WITH ALL ELECTRICAL STANDARDS CONTAINED WITHIN THE ELECTRICAL CODE.
4. ALL PLANS FOR ANY SIGN OVER 30 FEET IN HEIGHT SHALL BE CERTIFIED BY A REGISTERED PROFESSIONAL ENGINEER

SIGN DESCRIPTION

1. SQUARE FOOTAGE OF ATTACHED SIGN: _____
2. WHERE AND HOW IS SIGN BEING ATTACHED: _____
3. TYPE OF MATERIAL USED TO CONSTRUCT SIGN: _____
4. IS THE ATTACHED SIGN ILLUMINATE? YES NO
5. ELECTRICIAN'S NAME: _____ AND LICENSE NUMBER: _____

FEES

UP TO 100 SQ. FT = \$10.00

101-300 SQ. FT = \$ 25.00

301 AND UP = \$ 50.00

THE SIGN PERMIT APPLICATION REQUIREMENTS ARE ATTACHED TO THIS APPLICATION

I HEREBY CERTIFY THAT THE WORK COVERED BY THIS APPLICATION IS AUTHORIZED BY THE OWNER OF THE PROPERTY AND/OR BUILDING AND THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL OF THE APPLICABLE CITY CODES AND ORDINANCES, LAWS OF THE STATE OF TEXAS AND THE APPROVED PLAT, PLAN AND SPECIFICATIONS. I FURTHER CERTIFY THAT I WILL USE THE SUBCONTRACTOR LISTED AND APPROVED OR WILL CONTACT THE CODE ENFORCEMENT DEPARTMENT FOR A CHANGE ORDER.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

CITY OF GROESBECK USE ONLY: REVIEWED BY: _____ DATE: _____

PERMIT APPROVED: _____ PERMIT DENIED: _____ PERMIT PERIOD: _____