

**APPLICATION FOR SIGN INSTALLATION**

DATE: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Lot No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

**SIGN DESCRIPTION**

TYPE OF SIGN: Wall  Projecting  Ground  Roof  Weight: \_\_\_\_\_

DIMENSIONS: Horizontal \_\_\_\_\_ Ft. Vertical \_\_\_\_\_ ft. Thickness \_\_\_\_\_ in./ft.

ELECTRICAL: Neon  Incandescent or Fluorescent  Reflector or Spot

MATERIAL: Metal  Wood Frame  Plastic  Other

HEIGHT ABOVE GROUND TO TOP OF SIGN:

If Projecting \_\_\_\_\_ ft. Roof \_\_\_\_\_ ft. Ground Sign \_\_\_\_\_ ft. Wall \_\_\_\_\_ ft.

EXTENSION OVER PUBLIC PROPERTY:  PRIVATE PROPERTY:

If Projecting \_\_\_\_\_ ft. Roof \_\_\_\_\_ ft. Ground Sign \_\_\_\_\_ ft.

SETBACK FROM PROPERTY LINE ALL SIDES: \_\_\_\_\_

SIDEWALK WIDTH: \_\_\_\_\_

ZONE: \_\_\_\_\_

NOTE: No projecting, ground wall, or roof signs may be supported in part or in whole by supports or stabilizers grounded on public property. All projecting signs shall meet National Code design criteria.

## DESIGN

Provide in the space below, (Scale not required) the design of the sign proposed, indicating support, overhang if any, clearance above ground level and dimensions. If sign is attached to a wall section and overhangs, indicate the wall material and describe the cantilever support.

Sign Cost: \_\_\_\_\_ 1 or 2 Sides: \_\_\_\_\_ Total Sq. Footage: \_\_\_\_\_

I (We) the undersigned \_\_\_\_\_, hereby state that the  
(Person, Firm or Corporation)  
description and location of the proposed sign is true and correct as indicated by this application for permit.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Address & Phone # of Applicant)

New Sign
Existing sign location
Existing sign major alteration
Existing sign replacement of new material
Existing sign change name, owner or product
Temporary sign
New sign-off premises

\_\_\_\_\_  
(Building Inspector)

APPLICATION APPROVAL: (Date) \_\_\_\_\_ PERMIT #: \_\_\_\_\_

FEE\$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ DATE PAID: \_\_\_\_\_