



SIGN PERMIT APPLICATION

PROPERTY INFORMATION

Project Address:		Zoning District:
Business Name:	Phone #:	

CONTRACTOR INFORMATION
(Registration must be current)

Contractor Name:	Phone #:
Contractor Address:	
Email:	
Site Contact Name:	Phone #:

PROPOSED SIGN INFORMATION

Class of Work: Wall (Building/Fascia) Pole Monument Canopy Other: _____
Use of Sign: Identification General Business Institutional Apartment Tenant Panel

Illuminated: Yes No Street Name at Building Entrance: _____
Dimension of Sign: Height _____ Width _____ Setback _____ Sign Face Area _____ No. of Faces _____
Wall Fascia Dimensions Height _____ Width _____

Please check all that apply

Sign Design and Wording: _____

ACKNOWLEDGEMENT

Annual Operating Fees: SIGN(S) MAY BE SUBJECTED TO ANNUAL OPERATING FEES; OPERATING PERMITS EXPIRE DECEMBER 31 OF EACH YEAR. CONTRACTOR WILL BE NOTIFIED OF FEES AT TIME OF PERMIT APPROVAL.

ANNUAL OPERATING FEE RESPONSIBLE PARTY

Business Name:	Attention:	
Mailing Address:		
Email Address:		
Applicant's Signature	Printed Name	Application Date

FOR OFFICE USE ONLY

A. Fee Calculations: ≤ 32 sqft \$50.00 > 32 sqft _____ sqft x \$0.30 = \$ _____
B. Annual Operating Fee:
On-Premise ≤ 50 sqft \$10.00 > 50 sqft _____ sqft x \$0.15 = \$ _____
Off-Premise ≤ 200 sqft \$60.00 > 200 sqft _____ sqft x \$0.20 = \$ _____

Approved By: _____ Date Approved: _____
Permit Number: _____ Annual Operating Fee: \$ _____

NOTE: Only complete applications shall be accepted and payment received at time of submission.