

SIGN APPLICATION/PERMIT

Date of Application: _____

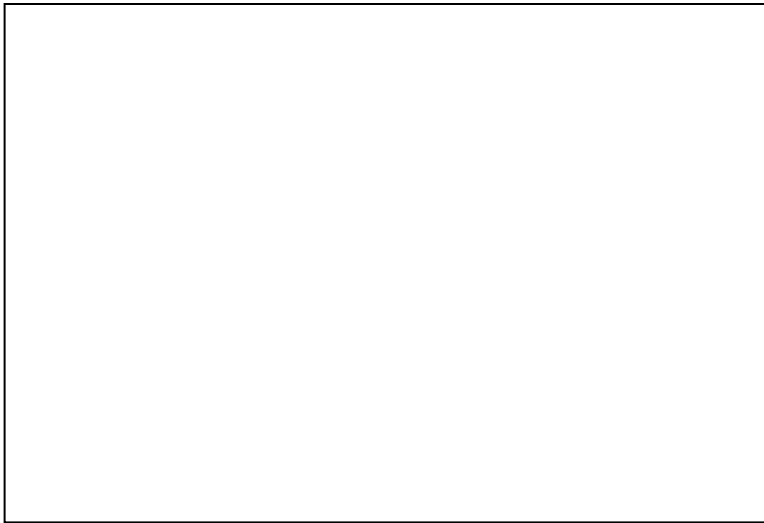
1. Business Name: _____
2. Property Owner's Name: _____
3. Mailing Address of business owner: _____

4. Telephone No.: _____
5. Address of Property to be Signed: _____
6. Legal Description or Tax Number of Property: _____

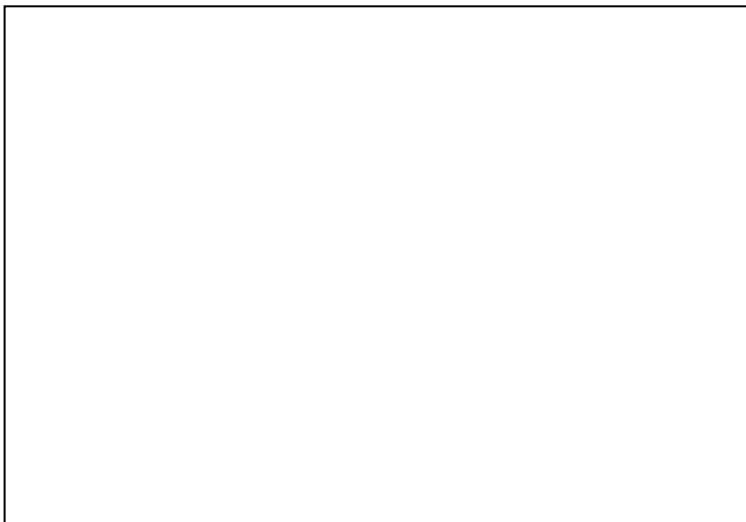
7. Zoning District where Property is Located: _____
8. Existing Signs on the Premises: _____

If yes, please supply the following:
A. Number of Signs: _____ B. Total Square Footage: _____
9. Existing Signs to be removed? _____
10. Type of Sign to be placed: (circle one)

Free Standing Wall Marquee or Canopy Window Temporary
11. A. Linear footage of building front: _____
B. Total square feet of sign(s) to be placed: _____
12. Sketch proposed new sign in the area provided on the back of this form. Provide dimensions of new sign and the wording that will appear on the sign.
13. Have you reviewed Article XXI, Sign Regulations, to determine if Application is in conformance with Zoning Code? ___yes ___no



Sign



Location of sign on Property

Signature of Applicant

ADMINISTRATIVE USE ONLY

Fee Required: _____

Date Paid: _____

DISPOSITION OF PERMIT

Approved: _____

Denied: _____

Zoning/Assistant Zoning Administrator

Date Approved