SIGN PERMIT
APPLICATION

Map-Lot: _____

Applicant:		Date:	
Mailing Address:		Telephone:	

_____ Number of Signs Existing (Exclusive of This Application)   Sq. Footage of Existing Signs on Lot: _____

_____ Number of Signs Proposed   Zoning District: _____

At Location: _____   **Building Frontage:** _____

How many of the following?   _____ New Signs   _____ Replacement Signs

Type of Signs: **Check All That Apply**

_____ Free Standing	_____ Temporary Sidewalk
_____ Awning	_____ Internally Illuminated
_____ Wall	_____ Externally Illuminated
_____ Roof	_____ Non-Illuminated
_____ Projecting	

If sign has electrical components:

Will sign installation require a new branch circuit?   _____ Y / N

Is sign UL listed?   _____ Y / N

Daytime brightness (nits)   _____

Nighttime brightness (nits)   _____

For electronic signs please provide 24-hour contact information in the event of a sign malfunction.

For all signs please include renditions of signs with dimensions.

For signs on the building, include image indicating where on the building they will be located.

For Free standing signs please include a plot plan with property line setbacks shown.

Estimated cost of sign(s)   _____

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as their authorized agent.

Signature of Applicant: _____