



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: _____