



SIGN PERMIT APPLICATION

SITE ADDRESS _____

NAME OF OWNER _____

ADDRESS _____

TENANT (Name & Business) _____

CONTRACTOR _____ PHONE _____

ADDRESS _____

CONSTRUCTION COST \$ _____

DESCRIPTION OF SIGN Ground Roof Wall Projecting
Marquee Portable Reconstruct Relocate & Re-
erect Animated To Be Altered

Consent of owner on file? Yes No

Over private property? Yes No Over public property? Yes No

Insurance policy (public liability & property damage) on file? Yes No
(required over public property)

FRAME MATERIAL _____ FACE MATERIAL _____

NUMBER OF FACES _____ SIZE OF FACE _____ x _____ = _____ sq. ft.

Drawings on file? Yes No

WIND LOAD _____ lbs. Per sq. ft. (calculated)

Office Use Only

Permit Fee _____ Permit Number BD _____

Expiration Date? Yes Date ____ / ____ / ____ No

Date Permit Issued _____ Code Enforcement Officer _____