



PERMANENT SIGN PERMIT

Job Address:	Permit #	
Tenant Name	Phone:	
Property Owner:	Phone:	
Applicant/Contractor Name:	Phone:	
Address	City/State	Zip
Email:		

<input type="radio"/> Canopy Sign	<input type="radio"/> Marquee Sign	<input type="radio"/> Projections	<input type="radio"/> Ground Sign	<input type="radio"/> Other
<input type="radio"/> Monument Sign	<input type="radio"/> Pole Sign	<input type="radio"/> Wall Sign	<input type="radio"/> Roof Sign	

Description of Project: _____

Will there be any Electrical work? Yes No Total Estimate Value: \$ _____

Quantity	Description	Fee Each	Fee Amount
	Permanent Type Sign – 4-25 sq. ft.	\$60.00	
	26-50 sq. ft.	\$100.00	
	50 sq. ft. & over	\$200.00	
	Plan Review	25% of Permit Fee	

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.

Permission is hereby granted to enter the premises and make all inspections.

Applicant Name (Print)	
Applicant Signature	Date:

For Office Use Only:

Date Approved: _____
Date Issued: _____
Signature: _____

Total Fee:
