

APPLICATION FOR SIGN PERMIT

					PERMIT NO. (official use)			
APPLICANT		OWNER	ERECTOR					
NAME								
ADDRESS								
TELEPHONE								
EMAIL		1						
ADDRESS WHE	RE THE SIGN WILL BE INSTALLED							
Description of Work			Erect	Alter	Repair	Maintain	Remove	
Type of Sign			Canopy	Temp	Marquee	Wall	Free Stand	
			Awning	Pole	Ground			
Size of Sign			Length	Height	Sq. Ft.	Weight	Zone	
Materials of Construction:			FACE		FRAME		SUPPORTS	
			Wood		Wood		Wood	
			Plastic		Plastic		Plastic	
			Other		Other		Other	
or attach docume				2 3 State what t	he sign will ind			
Please attach, if required: Required				Not Required				
-	s showing the plans, specifications and me			• • •		given to the	drawings	
to show the metho	od of attaching the sign to the building or t	the method fo s	supporting the	sign from th	e ground.			
I, hereby, acknow that it is correct a ances and state la		OFFICIAL US	SE:	DATE	AMOL			
	Sign erector or authorized agent	Date	Auth	orizing Sign	ature		Date	
	Please email planning@cityof	fbondurant.con	n for questions	s or to submi	t a sign permit.			