



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____
DATE: _____

SIGN

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A PERMIT HAS BEEN ISSUED.

| | | | | | |
|---------------------------------|------------|------------------|----------------------------|---------------------------|------------|
| ADDRESS | | | | CONSTRUCTION VALUATION \$ | |
| DESCRIPTION | | | | | |
| NAME OF EXISTING BUSINESS/TYPE: | | | NAME OF NEW BUSINESS/TYPE: | | |
| OWNER | | APPLICANT | | CONTRACTOR | |
| ADDRESS | | ADDRESS | | ADDRESS | |
| CITY/ STATE/ ZIP | | CITY/ STATE/ ZIP | | CITY/ STATE/ ZIP | |
| PHONE | CELL PHONE | PHONE | CELL PHONE | PHONE | CELL PHONE |
| E-MAIL | | E-MAIL | LICENSE | E-MAIL | LICENSE |

| | | | | | |
|--|-------------|---|--|------------|--------------|
| PRE-SUBMITTAL ZONING REVIEW: PRELIMINARY REVIEW ONLY – NOT AN APPROVAL | ZONE | OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO PLANNING ENTITLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO | OK OTC <input type="checkbox"/> | BY: | DATE: |
|--|-------------|---|--|------------|--------------|

COMMENTS:

| | | | | | |
|-------------------------------------|---------------------|-------------------------------------|---------------------------|--------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | FLOOR/SUITE | <input checked="" type="checkbox"/> | STRUCTURE TYPE | | |
| | FLOOR: | | ACCESSORY STRUCTURE - COM | | HOTEL/ MOTEL |
| | SUITE/ UNIT #: | | APARTMENT | | INDUSTRIAL/ MANUFACTURING |
| | | | ASSISTED LIVING/DAY CARE | | INSTITUTIONAL |
| <input checked="" type="checkbox"/> | PROJECT TYPE | | AUTOMOTIVE | | MEDICAL/DENTAL |
| | NEW STRUCTURE | | CONDOMINIUM | | OFFICE |
| | TENANT IMPROVEMENT | | CITY FACILITY | | PARKING LOT |
| | SITE IMPROVEMENTS | | EDUCATIONAL | | PARKING STRUCTURE |
| <input checked="" type="checkbox"/> | ZONE | SETBACK (FROM PROP. LINE) | | HEIGHT (TO TOP OF SIGN) | |
| | BCC1/ MPC1 | TO POLE: _____ FT | | ABOVE GRADE: _____ FT | |
| | OTHER ZONE | TO FACE OF SIGN: _____ FT | | ABOVE ROOF: _____ FT | |
| <input checked="" type="checkbox"/> | TYPE OF SIGN | | | | |
| | WALL SIGN | | MARQUEE SIGN | | POLE SIGN |
| | ROOF SIGN | | VALENCE SIGN | | MONUMENT SIGN |
| | PAINTED SIGN | | PROJECTING SIGN | | ELECTRIC SIGN |
| | | | | | MOVING SIGN |

| | | | | | |
|-----------------------|--|------------------------------------|--|-------------------------------|--|
| SIGN AREA | | | | | |
| STREET FRONTAGE | | PARKING LOT FRONTAGE | | MAX. SIGN AREA: _____ SF | |
| STREET: _____ FT | | LOT: _____ FT | | EXISTING SIGN AREA: _____ SF | |
| SIDE STREET: _____ FT | | (ENTRANCE FACING PARKING LOT ONLY) | | AVAILABLE SIGN AREA: _____ SF | |
| | | | | PROPOSED SIGN AREA: _____ SF | |
| | | | | REMAINING SIGN AREA: _____ SF | |

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| MAXIMUM SIGN AREA CALCULATION | | | | | |
| ALL ZONES EXCEPT BCC1/ MPC1 | | | BCC1/ MPC1 ZONES ONLY | | |
| STREET FRONTAGE (3 SF/ LF) | | | STREET FRONTAGE BCC1/ MPC1 (2 SF/ LF) | | |
| SIDE STREET FRONTAGE (1 SF/ LF) | | | SIDE STREET FRONTAGE (1 SF/ LF) | | |
| PARKING LOT FRONTAGE (1 SF/ LF) | | | PARKING LOT FRONTAGE BCC1/ MPC1 (2 SF/ LF) | | |
| MAXIMUM SIGN AREA | | | MAXIMUM SIGN AREA | | |

| | | | | | |
|--|---|--|--|--|---|
| FIRE DEPT. | BWP/WATER | PW/SEWER | PUBLIC WORKS DEPT. | | |
| PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO | FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO | INTERCEPTOR REQUIRED: | ADDRESS APPROVED: | | STREET IMPROVEMENT INSPECTION: |
| PLAN CHECK FEE: _____ | FEE PAID: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | PEDESTRIAN PROTECTION REQ'D: | | PERMIT NO. _____ |
| DATE: _____ BY: _____ | DATE: _____ BY: _____ | DATE: _____ BY: _____ | <input type="checkbox"/> FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE | | CURB CUT WIDTH: _____ |
| PARKS & REC | BWP/ELECT | BACKWATER VALVE REQUIRED: | SETBACK FOR STREET WIDENING: | | RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPROVED: | FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | BY: | | BY: |
| DATE: _____ BY: _____ | FEE PAID: _____ | DATE: _____ BY: _____ | SITE PLAN CHECKED FOR EASEMENTS | | PUBLIC WORKS DEPT REQ'D NOTED: |
| | DATE: _____ BY: _____ | | BY: | | CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | | | |
|---|------|------------------|------|----------|--|
| PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED) | | | | | |
| PROJECT NO. | ZONE | ENTITLEMENT DATE | BY: | COMMENTS | |
| APPROVED BY: | | DATE: | FEE: | | |

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:
 I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.
 SIGNATURE OF APPLICANT: _____ DATE: _____