## **SIGN PERMIT CHECK LIST**

NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE INFORMATION AND MATERIALS HAVE BEEN RECEIVED BY THIS DEPARTMENT.

Applicant:	
Location:	
Date Filed: R	eceived By:
Business Name:	
Business/Property Owner:	
Name/Address/Phone of Installer:	
Name/ Address/Phone of Designer:	
THREE Copies of Drawings Submitted: [] Yes [] No	
CONTENTS OF DRAWINGS	
<ul><li>[ ] 1. Type of Sign</li><li>[ ] 2. Value of Sign (approximate) \$</li></ul>	
[] 3. Scale/Dimension	
<ul><li>[ ] 4. Materials Description</li><li>[ ] 5. Contents/Style/Colors/Design</li></ul>	
[ ] 6. Method of Illumination/Power Source	
<ul><li>[ ] 7. Method of Fastening/Supports/Etc.</li><li>[ ] 8. Location of Property/Height from Ground</li></ul>	
[ ] 9. Location and Dimension of Existing Signage of Property	
*APPLICATIONS FOR FREE-STANDING SIGNS MUST ALSO* SUBMIT A SITE PLAN SHOWING THE PROPOSED LOCATION OF THE SIGN	