



VALIDATION				STAFF USE ONLY											
FEES AND CHARGES				PROJECT NUMBER – THIS MUST BE AFFIXED TO THE SIGN											
PERMIT FEE															
				TYPE				DATE				BY			
TOTAL				SIGN											

APPLICANT: COMPLETE FORM BELOW IN BLACK INK – PLEASE PRINT

ADDRESS OF SIGN		ZIP CODE		NAME OF FIRM OR INDIVIDUAL				PHONE	
NAME OF APPLICANT			CITY PRIVILEGE LICENSE TAX NO.		ADDRESS OF APPLICANT. CITY, STATE, SUITE, ETC.			ZIP	PHONE
ZONING	ST FRONTAGE LENGTH	RESPONSIBLE PERSON FOR CORRECTIONS AND VIOLATIONS			ADDRESS, CITY, STATE, SUITE, ETC.			ZIP CODE	PHONE

IN COLUMNS BELOW DESCRIBE EACH SIGN

QTY	SIZE HEIGHT X LENGTH IN DECIMALS	HEIGHT TO TOP OF SIGN	TYPE SIGN	SQUARE FEET	TYPE CONST.	SIGN COPY OR DESCRIPTION
A	x					
	x					
	x					
	x					

<p>HALF STREET: STREET NAME: _____</p> <p style="text-align: center;">↑ N</p> <p>HALF STREET: STREET NAME: _____</p> <p>HALF STREET: STREET NAME: _____</p>	<p>___ GRAND OPENING</p> <p>___ SPECIAL EVENT 1, 2, 3, 4</p> <p>___ PENDING PERMANENT SIGN</p> <p style="text-align: center;">Refer to the INFORMATION SHEET FOR TEMPORARY SIGNAGE for applicable guidelines and special conditions.</p>
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THE OWNER AND/OR APPLICANT SHALL BE RESPONSIBLE FOR COMPLIANCE WITH ALL ORDINANCES, SPECIAL STIPULATIONS, AND TIME LIMITS

<p>Event Date: _____ to _____</p> <p>Expires: _____</p> <p style="text-align: center;">*FINAL INSPECTIONS WILL BE CONDUCTED*</p>	<p>CERTIFICATION: I hereby certify that the data submitted on or with this application is true and correct, that I am the Owner of the property at this address or, that for the purpose of obtaining this permit approval, I am acting as agent in his or her behalf.</p> <p>SIGNATURE _____ DATE _____</p>
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YELLOW – Customer Copy PINK – Office Copy

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact Planning and Development at (602) 262-7811 voice or (602) 534-5500 TTY.