

Building and Site Information		
Project address:		
Map & tax lot #:		
Property owner:		Owner phone:
Property owner address:		
City	State	Zip code
Tenant/Business:		Tenant phone:
Tenant street address:		
City	State	Zip code
Sign Description: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alter/Relocate		
Sign Type	<input type="checkbox"/> Wall <input type="checkbox"/> Freestanding <input type="checkbox"/> Roof <input type="checkbox"/> Awning Sign <input type="checkbox"/> Marquee	
	<input type="checkbox"/> Under Marquee <input type="checkbox"/> Projecting <input type="checkbox"/> Billboard <input type="checkbox"/> Other: _____	
Illumination	<input type="checkbox"/> Non-Illuminated	
	<input type="checkbox"/> Illuminated (Please specify) <input type="checkbox"/> Interior or <input type="checkbox"/> Exterior	
# of Faces	<input type="checkbox"/> Single Face	
	<input type="checkbox"/> Double Face <input type="checkbox"/> Multiple Faces	
Sign Dimensions	Horizontal dimension: _____ Vertical dimension: _____	
	Total square footage: _____	
	Weight (wall sign): _____ Depth of sign: _____	
	Distance from grade to bottom of sign: _____	
Freestanding or Projecting sign	Total height of sign above grade: _____	
	Length of wall on which sign is located: _____	
	Distance from sign to adjacent <input type="checkbox"/> curb face, <input type="checkbox"/> property line, or <input type="checkbox"/> street center line: _____	
	Does sign project beyond the property line? <input type="checkbox"/> No <input type="checkbox"/> Yes (how far: _____)	
Are there other freestanding or roof signs within 200 feet of this sign? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there billboards on this same property? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Applicable Sign Standards	For example: Highway Commercial, General Commercial, etc.	
Sign Direction	Indicate the direction the sign faces: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Other _____	
Total # of signs for business:	Existing signs to remain: _____ Proposed signs: _____	
OFFICE USE ONLY		
C _____	Intake	Permit Approval
	Fees:	Fees due:
	Date:	Date:
	Cashier:	Approved by:

Permit #: _____ **Related #s:** _____

Primary Contact Person			
The primary contact is the person who receives all communication and emails. For eBuild projects, the primary contact needs to be added as a Partner to your project so that they will receive all communications and emails regarding this project. You can add members to your project through the Manage page in eBuild.			
Name (please print):		Primary phone:	
Company:		Alternate phone:	
Address:			
City		State	Zip code
E-mail:			
Contractor Information			
Sign Installer		Electrical Contractor	
Contact name:		Contact name:	
Company name:		Company name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
CCB:		CCB#/BCD#	
FOR CITY STAFF TO COMPLETE			
Zoning:		Overlays:	
Sign district:		Variances:	
Additional information:			