



Please print or type.

**BUSINESS INFORMATION**

Name of Business/Organization: \_\_\_\_\_

Location or Address of Subject Property: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business/Organization Contact Name: \_\_\_\_\_

Current Zoning of Subject Property: \_\_\_\_\_

**SIGN INFORMATION**

Message On Sign: \_\_\_\_\_

**Type of Sign: (Mark only one box)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wall          | <input type="checkbox"/> Monument                | <input type="checkbox"/> Off-site promotional   |
| <input type="checkbox"/> Canopy/awning | <input type="checkbox"/> Parking lot directional | <input type="checkbox"/> Construction site sign |
| <input type="checkbox"/> Window        | <input type="checkbox"/> Temporary or banner     | <input type="checkbox"/> Free-standing pole     |

**Sign Specifications:**

Sign Dimensions: \_\_\_\_\_ feet wide      Area of sign: \_\_\_\_\_ square feet  
 \_\_\_\_\_ feet high      Illuminated?  Yes     No

**Building Elevation Information**

Façade size: \_\_\_\_\_ feet wide    \_\_\_\_\_ feet high    Total Area: \_\_\_\_\_ square feet

Building Orientation:  N     S     E     W

**Detached Sign Information**

Double-faced     Single-faced    Height of sign above grade \_\_\_\_\_ feet    Setback from street R.O.W. \_\_\_\_\_ feet

**APPLICANT INFORMATION**

Applicant Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount of Fee Paid: \$ \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

Zoning Administrator