



PERMIT NO. 20____-____-____

SIGN PERMIT APPLICATION

BUSINESS NAME: Phone: _____ Fax: _____	MAILING ADDRESS: E-mail: _____
CONTACT PERSON: Phone: _____ Fax: _____	MAILING ADDRESS: E-mail: _____
PROPERTY OWNER: Phone: _____ Fax: _____	MAILING ADDRESS: E-mail: _____
SIGN CONTRACTOR/BUILDER: Phone: _____ Fax: _____	MAILING ADDRESS: E-mail: _____
LEGAL DESCRIPTION OF PROPERTY: Parcel No.	STREET ADDRESS OF PROPERTY:
SIGN DIMENSIONS: LENGTH: WIDTH: HEIGHT (from grade to top of sign):	TYPE OF SIGN: <input type="checkbox"/> DIRECTIONAL <input type="checkbox"/> MONUMENT <input type="checkbox"/> FREESTANDING <input type="checkbox"/> WALL <input type="checkbox"/> PROJECTING TEMPORARY? <input type="checkbox"/> YES <input type="checkbox"/> NO PURPOSE OF SIGN:
ILLUMINATION: Yes ___ No ___ If Yes, please describe:	IF ILLUMINATED: Name of Electrical Contractor: Phone: E-mail:

APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLETE SUBMITTAL.
Do not fax. Submit original. COMPLETE SUBMITTAL INCLUDES THE FOLLOWING:

- _____ Signed application form
- _____ Application fee (See current fee schedule for permit cost)
- _____ Detailed drawings, drawn to scale, containing complete plans and specifications
- _____ Detailed site plan, drawn to scale, including building elevations, existing and proposed signs

This permit will be reviewed for compliance under Section 13.3 or Section 14.5(g) if located in the Design Review Area of the Grand County Zoning Regulations. Applicant signatures below certify that application information is true and correct and that Applicant will comply with all provisions of laws and ordinances governing this work.

Signature of Property or Business Owner:

Date _____

Signature of Contractor or Authorized Agent:

Date _____

TO BE COMPLETED BY DEPARTMENT OF PLANNING AND ZONING

ZONE DISTRICT: _____

DO SETBACKS COMPLY WITH SIGN REGULATIONS?

YES NO

SETBACKS FROM PROPERTY LINE AS SHOWN ON SITE PLAN:

FRONT: _____ SIDE: _____ SIDE: _____ REAR: _____

HEIGHT OF SIGN: _____

LENGTH OF SIGN: _____

WIDTH OF SIGN: _____

MAXIMUM SQUARE FOOTAGE OF SIGN ALLOWED IN ZONE DISTRICT: _____

TOTAL SQUARE FOOTAGE OF SIGN PER PLANS: _____

CHECK ONE:

- NEW CONSTRUCTION
- SIGN REPLACEMENT OR REPAIR
ORIGINAL SIGN PERMIT NO. _____

COMMENTS – CONDITIONS OF APPROVAL:

AS-BUILT PHOTOGRAPHS: YES NO

APPROVED BY:

Planning Department

Date