CITY OF SAND CITY
PLANNING DEPARTMENT
Sign Permit Application Form

Permit No.: S_________

APPLICANT:

Name: _____________________________________________________________

Mailing Address: _________________________________________________

Phone Number:(___) __________________ Fax Number (if any):(____)______________

Representative Name (if any): ______________________________________

Mailing Address: _________________________________________________

Phone Number:(___) __________________ Fax Number (if any):(____)______________

PROPERTY OWNER:

Name: _____________________________________________________________

Mailing Address: _________________________________________________

Phone Number:(___) __________________ Fax Number (if any):(____)______________

PROJECT DESCRIPTION:

1. Business Name:________________________________________________

2. Street Address: ______________________________ Assessor’s Parcel Number: __________________

3. Building / Storefront dimension(s): __________________________________________

12. Will the sign be illuminated? Y / N Internal or external illumination? (Circle One)

4. Describe in detail the intended sign design: _________________________________________

__________________________________________________________________________

__________________________________________________________________________

Attach additional paper or illustrations if necessary.
CONSENT AND CERTIFICATION:

An application cannot be accepted without the signature of both the applicant and property owner. Failure to provide both signatures (at a minimum) may qualify this application as "incomplete".

Applicant's Attestation: I/we state that as the applicant(s) here described, I/we have read and completed this application and know the contents herein. I/We declare that the information contained in this application, the project plans, and other supporting material submitted herewith are true and correct to the best of my/our knowledge.

Signature of Applicant

Signature of Applicant

Consent of Property Owner: I/we declare that I/we am/are the current owner(s) of the herein described property, and that I/we have familiarized myself/ourselves with this completed application, and give consent to the action request.

Signature of Property Owner

Signature of Property Owner
ADDITIONAL SUBMITTAL INFORMATION:

Drawing or Illustration: A drawing or illustration, to scale, of the proposed sign shall be submitted with this application that describes the sign. The description should include (at a minimum) the following information:

- Dimensions of the overall sign (width, depth, height)
- Dimensions of letters, logos, or other design elements of the sign
- Location of sign(s) on building
- Style of lettering
- Color scheme for sign, background, and building.
- Sign materials (background, lettering, frame, etc.)
- Method of lighting (if any)
- Method of attachment to building (painted, bolted, etc.)
- Any other relevant detailed information pertaining the proposed sign.

Location Plan & Elevations: A plan or illustration shall be submitted indicating the locations, placement, and direction all intended signs on the building, and/or property.

Seven (7) Sets of Plans: A total of seven sets of any plan and/or illustration for those items described above must be submitted in order for the application to be complete.

Fees: Applicants shall make payment of all applicable fees to the City of Sand City at the time of application submittal. Failure to pay fees will qualify an application as “incomplete”.

STAFF USE ONLY:

Received by: ___________________________ Assigned Permit #: ___________________________

Date application submitted: _______________ Date application deemed “complete”: _______________

Application Fees Paid: _____________________ Receipt Number: ___________________________

Zoning Designation: _______________________

Notes: __________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________