

SIGN PERMIT APPLICATION

APPLICANT INFORMATION

Applicant's Name:		Date:			
Site/Project Address:					
Property Owner: (If Different)					
Owner's Address					
Applicants Phone #:	Email:				
Propery Owners Phone #	Email:				
SIGN TO BE LOCATED					
Business Name:					
Business Address:					
Phone #:	Email:				
Location to be [placed: (please elaborate as to location and placement)					
Explaination Continued					
Explaination Continued					



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SIGN CONTRACTOR INFORMATION

Name:					
Business Address	<u>.</u>				
Phone #:					
Project Contact:					
Project Contact Phone # Project Contact		Project Contact I	Email:		
TN License #	<u>License Class:</u>				
TH LICENSE #		<u>Licorico Giaco.</u>			
	Permi	t Fees ar	e Non-Refunda	ble	
D '- A					
Permit Fee: \$					
		TYPE	OF SIGN		
Wall Sign: □	Freestanding:	Tempora	ary:	Roof: □	
New:	Addition:	Alteration			
Sq Footage:	Length:		Width:	Height:	
				1	
Duration of Project: □ 30 Days □ 60 Days □ 90 Days					
If more time is needed, Please Explain:					



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DESCRIPTION (attach artwork or provide sketch below):				

Revised March 2021