

Permit #	
Workers Comp. Verified:	
*	

BUILDING DIVISION
Revised 02/06/2024

SIGN PERMIT APPLICATION

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Job Street Address:			Date:				
City & Zip:			Name of Business:				
Par	cel ID:	-					
	ner Name:						
			City: State:			Zip:	
Phone: Fax:							
	Simple Titleholder's Name (if other than owner's)				State:	Zip:	
Address: City: Contractor Company:					State.	∠iμ.	
	ense Holder Name:			Licens	e Number:		
-	ress:	City:		Licono	State:	Zip:	
Pho	ne:	Fax:				· ·	
СО	NTACT PERSON:	<u></u>		PHONE:			
EM	AIL:			FAX:			
	Desci	ription of	work:				
F	PROVIDE THE FOLLOWING INFORMATION (IN	COMPLET	E APPLICA	TIONS	WILL NOT I	BE PROCESSED)	
	-		•				
1.	Total estimated valuation:		\$				
2.	Square footage of existing copy area to remain:	Building:					
3.		Danang.	-	SF	Ground: _	SF	
ı	Total square footage of new copy area:	_				SF SF	
4.	Total square footage of new copy area: Lot Frontage:	_					
4. 5.		_		SF			
	Lot Frontage:	_		SF LF			
5.	Lot Frontage: Building Frontage:	_		SF LF			
5. 6.	Lot Frontage: Building Frontage: Sign Manufacturer: Is the proposed sign electrically lighted?	Building:		SF LF			
5. 6. 7.	Lot Frontage: Building Frontage: Sign Manufacturer: Is the proposed sign electrically lighted?	Building:	No	SF LF LF	Ground: _		
5. 6. 7. 8. 9.	Lot Frontage: Building Frontage: Sign Manufacturer: Is the proposed sign electrically lighted? Estimated valuation of electrical work: \$ Name of recognized test lab & number:	Building:	No	SF LF LF	Ground: _		
5. 6. 7. 8. 9.	Lot Frontage: Building Frontage: Sign Manufacturer: Is the proposed sign electrically lighted? Estimated valuation of electrical work: \$ Name of recognized test lab & number: Type of sign (check all that apply):	Building:	□ No	SF LF LF	Ground: _	<u>SF</u>	
5. 6. 7. 8. 9.	Lot Frontage: Building Frontage: Sign Manufacturer: Is the proposed sign electrically lighted? Estimated valuation of electrical work: \$ Name of recognized test lab & number: Type of sign (check all that apply): Billboard Ground	Building:	□ No	SF LF LF	Ground: _		

(Continued on next page)



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Subcontractor's	License Number:	Business Name and/or License Holder's Name			
Building					
Electrical					
NOTICE: This application becomes null and void 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. Extensions may be granted by the Building Official if requested in writing and justifiable cause is shown.					
CORRECT. ALL PROV	VISIONS OF LAWS AND ORDINANCE SPECIFIED HEREIN OR NOT, THE GR	S GOVERN ANTING OI S OF ANY C	ATION AND KNOW THE SAME TO BE TRUE AND ING THIS TYPE OF WORK WILL BE COMPLIED A PERMIT DOES NOT PRESUME TO GIVE OTHER STATE OR LOCAL LAW REGULATING OF CONSTRUCTION.		
The valuation for this permit will be calculated using the ICC Building Valuation Data. By my signature, I acknowledge this fact and waive any rights to appeal said valuation and/or permit fees.					
ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.					
Printed Name:					
Signature of Contract	O.F.	Dot	A.		