

SIGN CONTACT INFORMATION and SIGNATURES – for online SIGN applications

Name of Business:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Owner of Business (if different):		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Property Owner:		
Business Name (if applicable):		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Authorized Agent:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Sign Contractor:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Civil Engineer:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

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Architect:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Foundation Contractor:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Other:		
Contact Person:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:

Certification I hereby declare that the information contained on this form and the attachments hereto are true and correct to the best of my knowledge. I further state that I understand that failure to furnish all required information will result in a delay, or possible denial of my permit. I further state that I understand the submission of this application does not guarantee that a permit will be issued, and that, submission of this application does not constitute permission to erect or alter any sign. <p style="text-align: right;">_____ Date: _____</p> Signature of Property Owner or Licensed and Bonded Sign Contractor's Authorized Representative
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Submitted By:
Affiliation to Application:
Date: