	SIGN	V/ZONING APPLICATION	<u>Permit</u>		
Property description	(address) for appli	cation			
General information	· · · · · · · · · · · · · · · · · · ·				
Applicant		Day Phone	Day Phone		
Address					
Owner of Re	ecord (attach affida	vit if not applicant)			
		Day Phone			
Address					
Applicant's agent(s)		D N			
Property information	iict	Current Land Use			
	ge #	Lot #			
rax wap rag	SC 11	Lot #			
Note: All application	ons are required to s	submit a sign plan which includes the	he following information: size		
* *	*	om ROW and property lines, location			
	_	ecessary to demonstrate compliance			
		T			
COMPLETE FOR DISTRICTS:	PERMANENT F	REE-STANDING SIGN IN CON	IMERICAL & INDUSTRIAL		
If addition to existing	g sign, area of exis	t() New Addition() ting sign:square feet. the only sign on this lot? Yes	No If no, explain		
		) = square feet (maximu ce from lot lines height			
Landscaping shall b	e shown on a site p	lan and the following planting sche	dule completed:		
	Number	Plant & Description	Size		
Example	36	Cedar Hedge	5'		
Landscaping will be	completed by (date	e)			
1 0	1 ,				
COMPLETE FOR	PROJECTING S	IGN (INSTEAD OF A WALL SI	(GN):		
Application: Alterat	ion or replacement	( ) New Addition ( ). If addition	to existing sign, area of existing		
	-	eight x width = s			

## **COMPLETE FOR A WALL SIGN:**

Application: Alteration or replacem existing square feet. Will					
If no, explain					
Facade area (calculation):					
Length of façade facing street (or entr	rance) feet x 1	5 feet =	squar	re feet (façade area.)	
Maximum size of wall sign allowed: Façade square feet x .05 (5%)	%) = square	feet (or	20 square feet, w	hichever is greater).	
Width feet x length	_ feet = sc	juare fee	et, area of propose	ed sign.	
Type of illumination: Internalsigns are not allowed in residential di		e	(Attach plans if li	ighted. Illuminated	
I hereby certify that the information s will comply with all provisions of the		cation is	true and correct a	and the sign applied t	or
Applicant		Date			
Land Owner (if different)		Date			
	Staff Actio	n			
Date Received	Approved I	Denied _			
Other Approvals Conditions if any					 
Staff Signature		Date	Fee Amount:	Fee verified	
			\$65.00		_