

Sign Permit Worksheet

Owner(s) of Record (please print)		Description of Work (please print)	
Name:			
Address:			
E-mail:			
Phone:	Fax:	Proposed Use of Building:	
Parcel Number:		Zoning	
PROJECT INFORMATION			
Project Name and Address			
Occupancy Type:	Type of Construction:	Sign Value: \$	
Property Frontage:	Length of Leased Space:		
SIGN TYPE	MAXIMUM # / MAXIMUM SIGN AREA (square feet)		
Building Mounted: Single and multiple-occupancy buildings 2 stories or less	2 per occupant not to exceed the length of the leased space x 1.5, up to 200 square feet max aggregate per occupant. 1 additional signs for each exterior building wall that is part of an occupant's leased space: 50 square feet - second side 24 square feet - third side 24 square feet - fourth side		
Building Mounted: Single and multiple-occupancy buildings greater than 2 stories	2 (3 if the primary frontage is greater than 500 linear feet) not to exceed 300 square feet max aggregate. The 300 square feet may be allocated for each exterior wall. Occupant signage: 2 per occupant within a sign band not to exceed length of leased space x 1.5, up to 100 square feet max aggregate		
Freestanding Signs: Max height 8 feet Max height 10 feet	Residential Districts: 1 sign: 32 square feet(monument) or 24 square feet(pole) Non-residential Districts: Primary Frontage: 1 sign (monument) Frontage up to 50 feet : 32 square feet Frontage 51 – 100 feet: 40 square feet Frontage 101' or more: frontage x 0.5, up to 120 square feet Primary Frontage: 1 sign (pole) Frontage up to 50 feet : 24 square feet Frontage 51 – 100 feet: 32 square feet Frontage 101' or more: frontage x 0.4, up to 96 square feet		
Additional primary	Developments with frontage greater than 500 linear feet: Monument: 75 square feet Pole: 50 square feet		
Secondary frontage	Monument: 30 square feet Pole: 24 square feet		

Show Calculations

Building Mounted signs 2 stories or less

Building Mounted signs greater than 2 stories

Free Standing: Monument _____ Pole _____

Residential

Non-residential

Additional/Secondary signs

Is the sign illuminated? Yes ___ No ___

Type of illumination _____

Electrical Permit Yes ___ No ___

Contractor: Name _____

Address _____

City _____

State License _____

Applicant Signature: _____

Planning Approval: _____ Date: _____

Building Approval: _____ Date: _____