## CITY OF SPRINGFIELD, OREGON



225 Fifth St, Springfield OR 97477 (541) 726-3753 permitcenter@springfield-or.gov Inspections online @ BuildingPermits.Oregon.gov

OREGON												
SIGN PERMIT APPLICATION												
Plan review fee of \$49 per sign is due with application, except for pedestrian signs under Muni Code 8.250(3).												
Site Address:												
Map & Tax Lot Number: Zoning:												
Property Owner: Phone #:												
Property Owner address:												
Business Name:												
DESCRIPTION OF PROPOSED SIGN(S): ☐ New ☐ Replacement ☐ Alteration/Relocate												
				DOUBLE	_	NCIONS			ON***	l		
TYPE OF SIGN	TOTAL # OF	SQ. FT.	SIDED	SIDED		NSIONS Horizontal		JMINATI Internal				
Wall*	<i>"</i> 0.	34.11.	3.525	5.525	Vertical	110112011141	None	meema	External	* Wall signs - Length and Height		
Roof										of the wall must be shown on		
Projecting										the plans for each wall sign.		
Freestanding												
Marquee												
Billboard												
Other												
Distance from grade to bottom of sign and total height above grade to top of sign must be shown on the plans												
Materials:								Value (\$	):			
Pedestrian	TOTAL	TOTAL	SINGLE	DOUBLE	DIME	NSIONS	ILLU	JMINATI	ON***	**Window signs-Gross glass		
Oriented Sign	# OF	SQ. FT.	SIDED	SIDED	Vertical	Horizontal	None	Internal	External	area of all windows on the side		
Window**										that the sign is located must be		
Wall* Blade										shown on the plans.		
	de to hott	om of sign	n and tota	l height ah	ove grade	to ton of	sian mu	st he show	un on the n	lans		
Distance from grade to bottom of sign and total height above grade to top of sign must be shown on the plans												
Materials:	TNCC	ICNIAC		ATTACI		270.05		Value (\$				
LIST ALL EXIS	ING S	IGNAGI	E AND	ATTACH	APHO	) I O OF	EACH	SIGN (	require	a):		
Туре:		Sq Ft: Sq Ft:					Type:	Sq Ft:				
***Illuminated	l sians r	eauire a	separat	te electric	cal perm	nit sianed	bv th	e electri	cian			
						_	-		Phone#:			
	Contractor:					CCB#						
Print Name:	Address: Signature:								Email:	 Date:		
FIIIL Name.					Signatui	е.				Date.		
certify that all info with the Ordinand certify that only co ensure that all rec	ormation es of the ontractor quired ins	herein is to City of Spessions and empertions a	true and o pringfield, ployees w are reque	correct, and and the La ho are in c sted at the	d I further lws of the compliance proper t	r certify the State of C e with OR! ime, that p	at any a Pregon p 5 701.05 Project a	nd all wo pertaining 5 will be ddress is	rk perform to the wo used on th readable f	eleted application and do hereby ned shall be done in accordance rk described herein. I further is project. I further agree to rom the street and the		
approved set of plans will remain on the site at all times during the installation of the sign(s).												
Signature:										Date:		
OFFICE USE ONLY												
PERMIT #:	SIGN DISTRICT: DATE RECEIVED:									CEIVED:		