



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:
Property Owner:
Property Owner address:
Business Name:
Zoning:
Phone #:

DESCRIPTION OF PROPOSED SIGN(S): [] New [] Replacement [] Alteration/Relocate

Table with columns: TYPE OF SIGN, TOTAL # OF, TOTAL SQ. FT., SINGLE SIDED, DOUBLE SIDED, DIMENSIONS (Vertical, Horizontal), ILLUMINATION*** (None, Internal, External). Rows include Wall*, Roof, Projecting, Freestanding, Marquee, Billboard, Other.

* Wall signs - Length and Height of the wall must be shown on the plans for each wall sign.

Distance from grade to bottom of sign and total height above grade to top of sign must be shown on the plans

Materials: Value (\$):

Table with columns: Pedestrian Oriented Sign, TOTAL # OF, TOTAL SQ. FT., SINGLE SIDED, DOUBLE SIDED, DIMENSIONS (Vertical, Horizontal), ILLUMINATION*** (None, Internal, External). Rows include Window**, Wall*, Blade.

**Window signs-Gross glass area of all windows on the side that the sign is located must be shown on the plans.

Distance from grade to bottom of sign and total height above grade to top of sign must be shown on the plans

Materials: Value (\$):

LIST ALL EXISTNG SIGNAGE AND ATTACH A PHOTO OF EACH SIGN (required):

Type: Sq Ft: Type: Sq Ft: Type: Sq Ft:

***Illuminated signs require a separate electrical permit signed by the electrician

Contractor: CCB# Phone#:
Address: Email:
Print Name: Signature: Date:

By signature, I state and agree that as owner or owners' agent, that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Springfield, and the Laws of the State of Oregon pertaining to the work described herein.

Signature: Date:

OFFICE USE ONLY

PERMIT #: SIGN DISTRICT: DATE RECEIVED: