Print Form

GRand PRaiRie TEXAS BUILDING INSPECTIONS

APPLICATION FOR SIGN PERMIT

PERMIT NO. _____

ADDRESS OF SIGN _____ **BUSINESS NAME**_____

SIGN COMPANY _____
NAME ADDRESS CITY/STATE/ZIP PHONE

PROPERTY OWNER _____
NAME ADDRESS CITY/STATE/ZIP PHONE

TYPE OF SIGN: ☐ POLE ☐ CANOPY ☐ GROUND MONUMENT ☐ WALL ☐ OUTDOOR ADVERTISING (BILLBOARD)

☐ DIRECTIONAL ☐ BALLOON ☐ ROOF ☐ LED / FLASHING INTERMITTENT LIGHTS ☐ OTHER _____

SIGN FACE MATERIAL / TYPE: _____

TYPE OF INSTALLATION:

☐ PERMANENT

☐ TEMPORARY

LOCATION OF SIGN:

☐ ON-PREMISE

☐ OFF-PREMISE

OFF-PREMISE SIGNS LOCATED ALONG STATE HIGHWAYS:

LICENSE NO. _____

COUNTY _____

SIGN INFORMATION:

NUMBER OF FACES _____

SIZE OF SIGN _____

HEIGHT FROM GRADE _____

TOTAL SQ. FT. _____

SETBACK FROM PROPERTY LINES:

FRONT _____

REAR _____

LEFT -SIDE _____

RIGHT-SIDE _____

WILL SIGN BE ILLUMINATED?

☐ YES ☐ NO

VALUATION OF SIGN:

$_____

CONTACT INFORMATION

PLEASE PROVIDE THE NAME & PHONE NUMBER OF THE PERSON WHO WILL BE RESPONSIBLE FOR RESPONDING TO CITY INQUIRES CONCERNING THIS PROJECT.

CONTACT PERSON _____

PHONE NUMBER _____

NOTICE

ALL SIGN PERMITS WILL HAVE AN EXPIRATION OF SIX (6) MONTHS FROM THE DATE OF ISSUANCE UNLESS OTHERWISE STATED OR IF DETERMINED VOID PRIOR TO THE EXPIRATION. AFTER SIX (6) MONTHS, A NEW SIGN PERMIT WILL BE REQUIRED.

SIGNS OF ANY TYPE ARE PROHIBITED IN ANY EASEMENTS OR CITY RIGHT-OF-WAYS. IT IS THE APPLICANT'S RESPONSIBILITY TO ASSURE THAT THE SIGN WILL NOT BE LOCATED IN EASEMENTS OR CITY RIGHT-OF-WAYS.

I HEREBY AGREE THAT IF A PERMIT IS ISSUED ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH HEREIN SPECIFIED OR NOT. I AFFIRM THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT. ANY INCORRECT INFORMATION SUBMITTED RENDERS THIS PERMIT NULL AND VOID.

I FURTHER AFFIRM THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREIN OR HAVE THE PERMISSION OF THE OWNER TO APPLY FOR THIS PERMIT.

_____ _____
APPLICANT'S SIGNATURE **DATE**

ACCEPTED BY: DATE:	APPROVED BY: DATE:	ISSUED BY: DATE:
PERMIT FEE:		

ZONING ADMINISTRATION

ZONED_____ ☐ **APPROVED** ☐ **DENIED**

COMMENTS_____

_____

_____

_____

_____

_____ _____
ZONING OFFICIAL **DATE**