



Staff Use Only

Sign Approval Number _____
Staff Approval _____ Date _____
Final Inspection By _____ Date _____
Date Received _____ By _____

REQUEST FOR SIGN REFACE APPROVAL

Date: _____

Business Name: _____

Address: _____

Telephone No.: _____

Applicant: _____

Address: _____

Telephone No.: _____

Signature: _____

Property Owner: _____

Address: _____

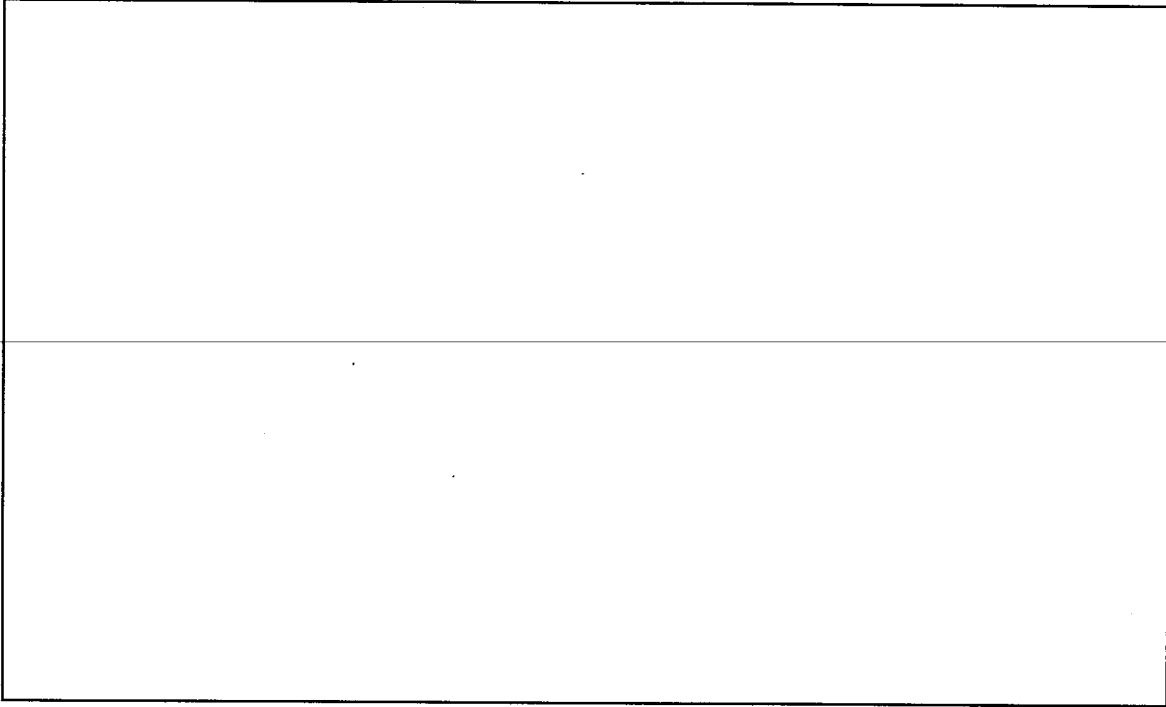
Telephone No.: _____

Final Inspection

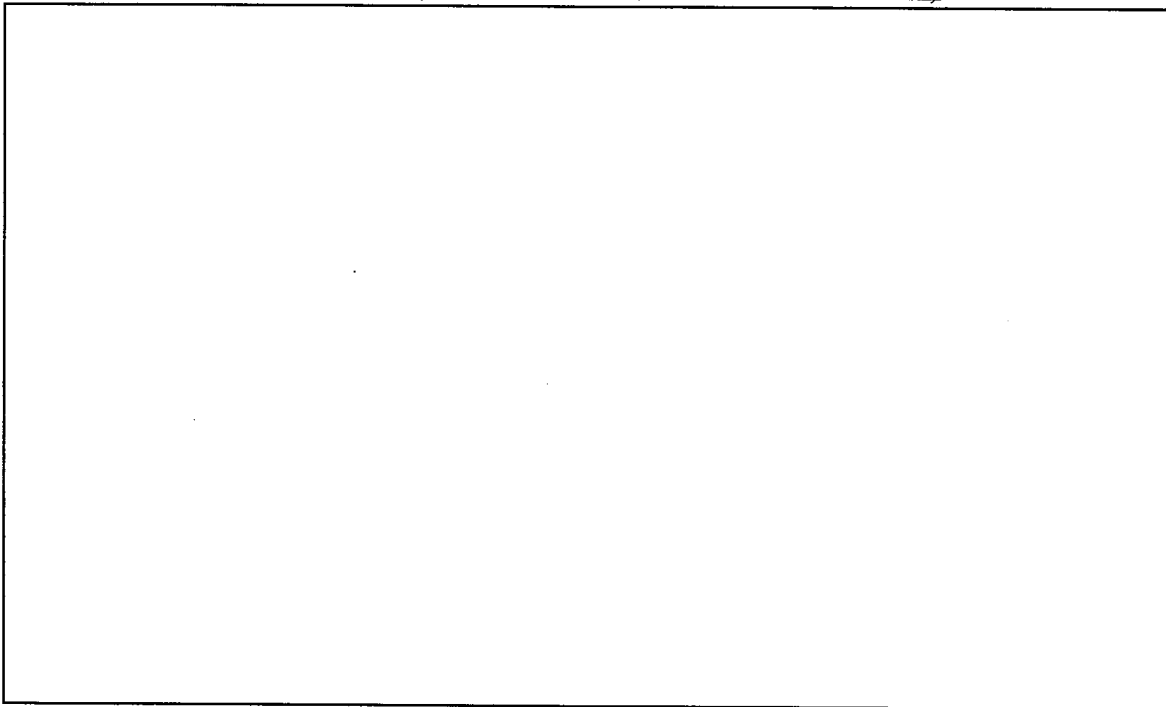
Approval must be obtained before the sign is installed. When you have finished installing the plexiglas sign, call the Planning Department (336-4310) to arrange an inspection.

Please provide the following drawings. You may use additional sheets if necessary.

BUILDING FACE AND APPROXIMATE LOCATION OF SIGN

A large, empty rectangular box with a black border, intended for a drawing of a building face and the approximate location of a sign. A horizontal line crosses the middle of the page, passing through the center of this box.

SIGN (INCLUDE SIZE, COLOR AND COPY)

A large, empty rectangular box with a black border, intended for a drawing of the sign itself, including its size, color, and copy.

LAYOUT OF PROPERTY AND BUILDING SHOWING SIGN LOCATION:
(include street locations)

