

City of Jersey Village SIGN PERMIT APPLICATION

Date: _____
 Address of Project: _____
 Tenant: _____ Phone No. _____
 Sign Company: _____ Phone No. _____
 Address: _____ Fax No. _____
 City/State/Zip code: _____ E-mail: _____

TOTAL COST OF SIGN = \$
 Illuminated? YES NO *If yes an Electrical permit must be obtained before sign permit is issued.*
 Name/Address/Phone No. _____

Alternative sign ordinance compliance request. Attach four (2) copies of the proposed sign plan.

<u>Type of Sign</u>	<u>Use of Sign</u>	<u>Dimension Of Sign</u>
<input type="checkbox"/> Wall	<input type="checkbox"/> Identification	<input type="checkbox"/> Height
<input type="checkbox"/> Pole	<input type="checkbox"/> General Bus.	<input type="checkbox"/> Width
<input type="checkbox"/> Monument	<input type="checkbox"/> Directory	<input type="checkbox"/> Setback
<input type="checkbox"/> Canopy	<input type="checkbox"/> Institutional	<input type="checkbox"/> Sign Face Area
<input type="checkbox"/> Other	<input type="checkbox"/> Apartment	<input type="checkbox"/> No. of Faces
	<input type="checkbox"/> Multi-Purpose	See Sign Ord. Fig.14-249-A
	<input type="checkbox"/> Readerboard	
	<input type="checkbox"/> Non-Spectacular	

Sign Description & wording: _____

Wall Fascia Dimensions: _____

Street frontage at main entrance to building (for single-occupant detached building) _____

Property Owner's/ Management's Signature: _____ Phone No. _____

Total height: _____ (Ground Sign, Pole, Monument, Temporary)

I HEREBY AGREE NOT TO ALTER OR DEVIATE FROM THE CONSTRUCTION, AS SHOWN, HEREON, WITHOUT WRITTEN APPROVAL FROM THE SIGN ADMINISTRATOR OF THE CITY OF JERSEY VILLAGE.

Signature _____

Print name _____ / Drivers License No. _____ / Date _____

- YES NO Drawing of sign including sign language
 YES NO Drawing showing sign location on building or lot

OFFICIAL USE ONLY

APPROVED BY: _____ DENIED BY: _____

DATE: _____ PERMIT NO. _____ EXPIRES: December 31 Annually

TOTAL FEES: (A+B) _____ ANNUAL OPERATING FEE: _____

A.FEE CALCULATIONS:

\$50.00 FIRST 32 SQ. FT. \$50.00
 >32 SQ.FT. @ \$0.30 SQ.FT. = SQ.FT. _____ X \$0.30 = \$ _____ + \$ _____
SUB-TOTAL \$ _____

B. FEE ANNUAL OPERATING:

ON-PREMISE
 \$10.00 FIRST 50 SQ.FT. \$10.00
 >50 SQ.FT. @ \$0.15 SQ.FT. = SQ.FT. _____ X \$0.15 = \$ _____ + \$ _____
TOTAL \$ _____

OFF-PREMISE
 \$60.00 FIRST 200 SQ.FT. \$60.00
 >200 SQ.FT. @ \$0.20 SQ.FT.= SQ.FT. _____ X \$0.20 = \$ _____ + \$ _____
TOTAL \$ _____