

Sign Permit Worksheet

Owner(s) of Record (please print)		Description of Work (please print)
Name:		
Address:		
E-mail:		
Phone:	Fax:	Proposed Use of Building:
Parcel Number:		Zoning:
PROJECT INFORMATION		
Project Name and Address		
Occupancy Type:	Type of Construction:	Sign Value: \$
Property Frontage:	Length of Leased Space:	
Building Mounted: Single and multiple- occupancy buildings 2 stories or less	2 per occupant not to exceed the length of the leased space x1.5, up to 200 square feet max aggregate per occupant. 1 additional signs for each exterior building wall that is part of an occupant's leased space: 50 square feet - second side 24 square feet - third side 24 square feet - fourth side	
Building Mounted: Single and multiple- occupancy buildings greater than 2 stories	2 (3 if the primary frontage is greater than 500 linear feet) not to exceed 300 square feet max aggregate. The 300 square feet may be allocated for each exterior wall. Occupant signage: 2 per occupant within a sign band not to exceed length of leased space x 1.5, up to 100 square feet max aggregate	
Freestanding Signs: Max height 8 feet Max height 10 feet	Residential Districts: 1 sign, 32 square feet -monument; 24 square feet -pole Non-residential Districts: Primary Frontage: 1 sign (monument) Frontage up to 50 feet : 32 square feet Frontage 51 – 100 feet: 40 square feet Frontage 101' or more: frontage x0.5, up to 120 square feet Primary Frontage: 1 sign (pole) Frontage up to 50 feet : 24 square feet Frontage 51 – 100 feet: 32 square feet Frontage 101' or more: frontage x0.4, up to 96 square feet	
Additional primary	Developments with frontage greater than 500 linear feet: Monument: 75 square feet Pole: 50 square feet	
Secondary frontage	Monument: 30 square feet Pole: 24 square feet	

Show Calculations

Building Mounted signs 2 stories or less

Building Mounted signs greater than 2 stories

Free Standing: Monument _____ Pole _____

Residential

Non-residential

Additional/Secondary signs

Is the sign illuminated? Yes ___ No___

Type of illumination: _____

Electrical Permit: Yes___ No___

Contractor: Name _____ State License: _____

Address _____

City _____ State _____ Zip: _____

Applicant Signature: _____