

BUILDING DEPARTMENT

Office Hours

Mon.-Thur. 7:30am-5:30pm

Friday 7:30am-11:30am

OFC: (281) 338-2925

SIGN INSTALLATION PERMIT APPLICATION FAX: (281) 316-4128

**** APPLICANT SUBMITTAL DOES NOT CONSTITUTE APPROVAL OF PERMIT**** Please allow plan review processing time.

Business Name:	Date:
Business Address:	Sign Contractor:
Business Phone:	Contact Person:
Business Owner:	Phone:
Property Owner:	Fax:
Property Owner Address:	
Property Owner Phone:	
TYPE OF SIGN: circle one: (Note: one appli 1. Wall Sign 2. Pylon Sign 3. Monument Sign	ication must be submitted per <u>TYPE</u> of sign) Electrical: Yes / No
4. Temporary Sign (Banner) Height:	Width: Sq. Ft
**************************************	st include two (2) sets of drawings********** – provide: nce between existing and proposed; Iding Code (new structure only). ctrical code (if electrical included). ation and plan views. parking lots. and sign location. y Sign (Banner) ************************************
******SIZE (BANNER SHAL	L NOT EXCEED 32 sq. feet) * * * * * *
<pre>provide: 1. Beginning Date:</pre>	
2. Message:	
	and once every quarter. *********
I hereby certify that the above information is true and correct and further that the sign is being erected and/or maintained at the above location with the permission of the owner and authorized lessee (if any) of the premises; that the sign does not violate any applicable deed restrictions or other restrictions on the premises; and having read the restrictions and requirements of the City's Sign Ordinance, that the sign being erected or maintained is in compliance with the Sign Ordinance of the City of Webster and all other applicable laws.	
·	ssued without the following signatures******
Business Owner's Signature:	
Sign Contractor's Signature:	
Property Owner's Signature:	Date://
*CONTRACTOR MUST CALL IN FOR A SIGN ON SITE INSPECTION PRIOR TO SIGN BEING	

INSTALLED. ALL FINAL INSPECTIONS MUST ALSO BE CALLED IN*.