SIGN PERMIT APPLICATION SP - -



(512) 398-3461 • FAX (512) 398-3833 P.O. Box 239 • Lockhart, Texas 78644 308 West San Antonio Street

CONTRACTOR/OWNER							
CONTRACTOR NAME	LICE	ENSE NO					
DAY-TIME TELEPHONE	ADDRESS						
E-MAIL							
OWNER NAME	ADDRESS						
DAY-TIME TELEPHONE							
E-MAIL							
PROPERTY							
ADDRESS OR GENERAL LOCATION							
ZONING CLASSIFICATION HISTORIC LANDMARK OR DISTRICT (Y/N)							
NUMBER OF STREET FRONTAGES (Property line	s abutting a public	street)					
PRINCIPAL USE OF LAND AND/OR BUILDINGS C	ON THE SITE						
NAME OF BUSINESS TO OWN OR USE PROPOSED SIGN							
REQUESTED PERMIT							
PROPOSED CONSTRUCTION (Check all that apply	y) ON-I	PREMISE	OFF-PREMISE				
NEW SIGN STRUCTURAL REPAIR	R STRUC	TURAL ALTI	ERATION/RELOCATION				
TYPE OF SIGN PROPOSED (Check all that apply)		WALL	MARQUEE				
LOW PROFILE MEL	DIUM PROFILE		HIGH PROFILE				
INSTITUTIONAL DEVELOPMENT	ENTRANCE	DECIDE	NITIAL IDENITIFICATION				

CHARACTERISTICS	S OF SIGN					
IF ATTACHED SIGN, TOTAL	AREA OF BUIL	DING FACADE	ON WHICH LOCATED	SQ. FT.		
IF FREESTANDING SIGN, SE	TBACK FROM	I NEAREST STR	EET RIGHT-OF-WAY LINE	FT.		
HEIGHT TO TOP OF SIGN _	FT.	TOTAL SIGN F	ACE AREA (One side only)	SQ. FT.		
ILLUMINATION N	ONE	_ INTERNAL	REFLECTED	BARE BULB		
	DEMENT					
SUBMITTAL REQUI	REMENTS	<u> </u>				
location of the proposed sign features or nearest property foundation or mounting detail	on the site or b ine, as approp s; 3) Material a s to be freestar	ouilding, including riate; 2) Dimens and electrical sp nding and over si	ARGER THAN 11" X 17", SHO g dimensioned references to ac- sions of the sign and sign stru ecifications; 4) Name of sign r x feet high, certification by a lice	djacent building cture, including manufacturer, if		
			NY, ON THE SAME BUILDING THE PROPERTY (for freestand			
COPY OF STATE PERMIT OF	R AUTHORIZA	TION IF APPLIC	ATION IS FOR AN OFF-PREM	ISE SIGN.		
COMPLETED APPLICATION OR ON HISTORIC LANDMAR			ERATION IF SIGN IS IN HISTO	PRIC DISTRICT		
PERMIT FEE OF \$100, PLUS faced signs), APPLICATION PAYABLE TO THE CITY OF	FEE OF \$		FOOT, (applied to only one s	side of double-		
LOCATED, I AM AUTHORIZI THE PROPERTY TO REPRE	ED BY THE PE SENT THEM IN	ERSON, ORGAN NTHIS APPLICA	OPERTY UPON WHICH THE S NIZATION, OR BUSINESS EN TION. TO THE BEST OF MY COMPLETE AND CORRECT.	TITY OWNING		
SIGNATURE			DATE			
PRINTED OR TYPED NAME						
			ndation inspection to verify responsibility to call for the			
OFFICE USE ONLY						
APPROVED BY	Planning)	Building Inspe	ction		
PERMIT NUMBER SP		CERT. FOR	FOR ALTERATION NUMBER CFA			
DATE	FEI	E	RECEIPT #			