

APPLICATION FOR SIGN PERMIT

PHYSICAL ADDRESS:							
SUBDIVISION:		BLK:		LOT:			
TOTAL SIZE OR DIMENSIONS OF THE SIGN							
LENGTH	FT	WIDTH	_FT SIGN	TOTA	L HEIGHT_	FT	
TYPE OF SIGN OR PROJECT?							
()PERMAN	IENT	()PORTABLE	()OFF PR	EMISES	() WALL	SIGN	
()OTHER							
*AN INSPECTION IS NEEDED PRIOR TO POURING ANY CONCRETE							
IS SIGN GOING TO BE NEEDING ELECTRICAL? YES OR NO							
(IF YES, A MASTER ELECTRICAL WILL BE NEED TO OBTAIN AN ELECTRICAL PERMIT)							
OWNER OF PROP	ERTY:		ADDRES	SS:			
PHONE: ()							
CONTRACTOR:			ADDRES	SS:			
PHONE: ()							

Please include site plan to show proposed size, dimension, and location of sign or project. Allow 3-5 days for proper review.

Signature:	Date:		
CODE OFFICIAL:	APPROVED	REJECT	DATE:
REASON FOR REJECTION:			

P.O. BOX 204 | PEŇITAS, TX 78576 | (956) 581-3345 | FAX: (956)581-3346 | WWW.CITYOFPEŇITAS.COM The City of Peñitas is an equal opportunity employer and provider.

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