



Sign Permit Application Form

Staff Use Only

Application Number: _____

Received By: _____

Date: _____

1. Application is made for: *(please circle any of the following that apply)*

- | | | | |
|----------------------|--------------------|---------------------|----------------------|
| Erect new sign | Move existing sign | Alter existing sign | Repair existing sign |
| Remove existing sign | Temporary sign | Permanent sign | Off-premises sign |

2. Sign location *(street address):* _____.

3. Contact information: *(a list of additional contacts may be attached)*

Owner Name: _____	Contractor Name: _____
Address: _____	Address: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
E-mail: _____	E-mail: _____

Erector Name: _____	Subcontractor* Name: _____
Address: _____	Address: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
E-mail: _____	E-mail: _____

** if applicable*

4. Please attach the following items:

- a. Legible site plan including specific location (legal description) and setbacks to adjacent property lines and buildings.
- b. Detailed drawing indicating the dimensions, materials and colors of the proposed sign and support structure.
- c. Certification by a registered professional structural engineer (required only for freestanding or projecting signs).
- d. Graphic drawing or photograph of sign copy.
- e. Description of the lighting to be used (if applicable).
- f. Proof of liability insurance (required for freestanding signs and projecting wall signs).
- g. Written lease or permission from property owner of site on which sign will be located (required only for off premises signs).

5. Certification: *(must be signed in ink)*

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am the property owner or am acting with the knowledge and consent of the property owner(s) as demonstrated by the attached lease and/or permission. I understand that all materials and fees required by the Town of Hayden must be submitted prior to having this application processed.

Applicant: _____ Date: _____