



SIGN PERMIT APPLICATION

Community Development Department ♦ 80 Columbia Avenue ♦ Marysville, WA 98270
 (360) 363-8100 ♦ (360) 651-5099 FAX ♦ Office Hours: Monday - Friday 7:30 AM - 4:00 PM

Permit No.

SIGN OWNER	Owner Name:								
	Name and type of business:								
	Address of sign:		APN:						
	Phone:		Fax:						
	E-mail:								
SIGN CONTRACTOR	Business Name:		UBI:						
	Registration No:		Exp:						
	Contact Name:								
	Address:								
	City:		State:		Zip:				
	Phone:		Fax:						
	E-mail:								
ELECTRICAL CONTRACTOR	Business Name:		UBI:						
	Registration No:		Exp:						
	Contact Name:								
	Address:								
	City:		State:		Zip:				
	Phone:		Fax:						
	E-mail:								
PROPOSED SIGNAGE	ESTIMATED PROJECT COST: \$				TYPE OF ILLUMINATION				
	TYPE OF SIGN	SIGN DIMENSIONS	SIGN AREA (SF)	CHANGEABLE COPY	NONE	INTERNAL CABINET	INTERNAL LETTERS	EXTERIOR	OTHER
	ALTERATION								
	WALL								
	WALL								
	WALL								
	POLE/PYLON								
	MONUMENT								
	PROJECTING								
	MARQUEE								
	BLADE/BRACKET								
MEASUREMENT CALCULATIONS				ZONING					
STREET FRONTAGE (linear feet)		PRIMARY BUILDING FRONTAGE (linear feet)		RESIDENTIAL		COMMERCIAL - INDUSTRIAL			

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized by the owner of the above premises to perform the work for which permit application is made. I further agree to save harmless the City of Marysville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Marysville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City of Marysville as a part of this application.

OWNER/CONTRACTOR: _____ DATE: _____