Print Form

SIGN PERMIT APPLICATION

Community Development Department ◆ (360) 363-8100 ◆ (360) 651-5099 FAX

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 SIGN	SIGN DIMENSIONS	SIGN AREA (SF)	CHANGEABLE COPY	TYPE OF ILLUMINATION: 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: _____