



MARYSVILLE
WASHINGTON

SIGN PERMIT APPLICATION

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

FOR AGENCY USE	Date:	Permit No.:	Fee: \$				
SITE INFORMATION							
Site Address		APN(s)					
Legal Description (abbreviated)		Section		Township		Range	
Present Use of Property, or Business Name		Zoning					
	SIGN OWNER		SIGN CONTRACTOR			ELECTRICAL CONTRACTOR	
Name							
Address							
City, State, ZIP							
Phone (home/office)							
Phone (cell)							
E-mail							
UBI							
PROPOSED SIGNAGE							
Project Cost	\$	Type of Illumination					
Type of Sign	Sign Dimensions	Sign Area (SF)	None	Internal Cabinet	Internal Letters	Exterior	Other
Alteration			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pole/Pylon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monument			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Projecting			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marquee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blade/Bracket			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FRONTAGE CALCULATIONS							
Street Frontage (linear feet)			Primary Building Frontage (linear feet)				

I certify that I am the owner or owners authorized agent, if acting as an authorized agent. I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decision, permits, or review under the Marysville Municipal Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

Owner/Owner's Authorized Agent

Date