

City of Austin
500 4th Avenue NE
Phone 507-437-9950
Fax 507-437-7101

Permit No. _____

Issue Date: _____

SIGN PERMIT APPLICATION

Job Site Address: _____

Business Name: _____

Property Owner: _____

Contractor:

Name: _____

City License No: _____

Phone: _____

Address: _____

Description: _____

Receipt No: _____

Receipt Date: _____

Payment Type: _____

Number of Signs _____

Project Cost: _____

Type: ___ Free-standing ___ Wall Sign

___ Illuminated ___ Non-illuminated

Length (Ft): _____

Height (Ft): _____

Total Sq.Ft.: _____

Attachments (required):

- Sign drawings Dimensions of Structure/Face of Building Dimensions of Parcel

Existing Signs (List Number/Type): _____

Fees:

Sign Fee: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

APPLICANTS SIGNATURE: _____ DATE: _____

ZONING OFFICIAL'S APPROVAL: _____ DATE: _____

BUILDING OFFICIAL'S APPROVAL: _____ DATE: _____

Zone: _____ Flood: _____