



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027

APPLICATION FOR SIGN PERMIT

Permit #: _____

Business Name: _____

Business Address: _____

Valuation: \$ _____

Phone No.: ____ (____) _____

Zone where Business is Located: _____

Linear Front Foot of Building: _____

Height of Proposed Sign: _____

Total Area of Proposed Sign: _____

Property Owner's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: ____ (____) _____

Contractor/Sign Company Information

Name of Contractor/Sign Company: _____

Address of Contractor/Sign Company: _____

City: _____ State: _____ Zip: _____

Phone No.: ____ (____) _____

TYPE OF SIGN:

Free Standing ()

Double Face ()

Flush Wall ()

Single Face ()

Projecting ()

Illuminated ()

Roof ()

Other ()

Comments:

Signature: _____

Date: _____

NOTE: AN ENGINEERED SET OF PLANS AS WELL AS A DRAWING WHICH INCLUDES STREETS, PROPERTY LINES, PROPOSED LOCATION, AND WORDING MUST BE ATTACHED.

OFFICE USE ONLY

APPROVED: _____

DATE: _____

REVIEWD BY: _____