Office Use Only

Date Submitted
Approved By
Permit Fee \$
Permit No.
Zoning District

Sign Permit Application

Town of West Siloam Springs

4880 Cedar Dr. Colcord, OK 74338 Phone: (918) 422-5101 Fax: (918) 422-5108

BUSINESS INFORMATION

| BUSINESS NAME | | PHONE# | | | |
|---|---|---------------------------|------------------------------------|---------------------|--|
| BUSINESS ADDRESS_ | | | | | |
| BUSINESS LICENSE NI | JMBER | E-MAIL | | | |
| | | | PHONE# | | |
| | DDRESS | | | | |
| · · · · · · · · · · · · · · · · · · · | | | <u>.</u> | | |
| SIGN PERMIT APPLIC | ANT | | | | |
| NAME | ADDR | ESS | | | |
| PHONE# | FAX #E-MAIL | | | | |
| SIGN INSTALLER | | Pi | PHONE # | | |
| | (CHECK ALL THT APPLIES) | | | | |
| | COST: \$10.00 PER SIGN, PLUS | \$1.00 PER SO. FT. OF S | IGN FACING | | |
| | SIGN REMODEL SIGN REFACING | | | | |
| Sign Type | Dimension | Installed Height | Total Area (sq. ft.) | Number of Signs | |
| loint identification | - | Pt. | Sq. Ft. | | |
| Awning | | Ft. | Sq. Ft. | | |
| Bulletin Board | | Pt. | Sq. Ft. | | |
| Freestanding | | Ft. | Sq. Ft. | | |
| Monument | | Ft. | Sq. Pt. | | |
| ProjectingArea Identification | | Ft. Ft. | Sq. Pt. Sq. Ft. | | |
| Wall* | | Pt. | Sq. Ft. | | |
| Electronic / LED | | Ft. | Sq. Ft. | | |
| | *Wall signs cannot ex | ceed 20% of the wall area | | <u></u> | |
| All provisions of law and ordinances governing this type of work will be Note: 21-27(a) "It shall be unlawful for any person to erect, repair, alter, | | | | | |
| complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other town clerk". 21-27(c) "all permit fees will be doubled if a sign is installed p | | | | | |
| state or local law. | to violate of carcer die provisions of any other | | to obtaining a sign permit." | | |
| | | | | | |
| SIGN APPLICATION ATT | | Illumination | | | |
| Drawing of sign, including sign height and area. | | | Direct | | |
| List of materials. | | ☐ Indirect | | | |
| | n location on property, showing street operty lines. For wall digns, provide wall d | limensions. | | | |
| | ITATIVE: I certify under penalty of perjury that the | | anculars harain made; that all dat | a information and | |
| | are in all respects, to the best of my knowledge and | | | | |
| | ralidation of this application. I understand that the | | | | |
| SIGNATURE: | | DATE:/ | | | |
| | aid property, do herby consent to allow the applicar | | | of the Town of West | |
| Siloam Springs Code of Ordina | | an enclose and broker 36 | grage of energic tilet; section 21 | . J. M | |
| SIGNATURE: | | | DATE: / / | | |
| · ————— | ··· | | | | |