

PUTNAM COUNTY SIGN PERMIT APPLICATION

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

NAME OF BUSINESS

PROPERTY OWNER

(if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

GENERAL CONTRACTOR

if sign cost is \$500 or more

FOR OPI USE ONLY:

Valid Contractor License on file. Verified by: _____

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)
WV CONTRACTOR LICENSE NUMBER _____

LOCATION OF BUSINESS

ADDRESS OR DIRECTIONS _____

TAX MAP _____ PARCEL _____

SIGNS

(all signs must meet current zoning regulations)

ALL APPLICATIONS MUST INCLUDE A **SCALED** DRAWING OF THE SIGN(S) INCLUSIVE OF **ALL** DIMENSIONS, LETTERING, AND LOCATION. WALL, ROOF AND A WINDOW SIGN SKETCHES SHOULD INCLUDE ENTIRE SIDE OF BUILDING. POLE AND GROUND MOUNTED SIGN SKETCHES SHOULD INCLUDE SETBACKS FROM STREETS AND EASEMENTS.

PLEASE ANSWER THE FOLLOWING:

1. IS SIGN? NEW REPLACEMENT
2. IS SIGN? TEMPORARY PERMANENT
3. LOCATION OF SIGN: GROUND WINDOW WALL/CANOPY ROOF
4. LOCATION OF EXISTING SIGN(S): GROUND WINDOW WALL/CANOPY ROOF
5. WILL SIGN HAVE FLASHING OR RUNNING LIGHTS? YES NO
6. WILL SIGN HAVE MOVING PARTS? YES NO
7. WILL SIGN HAVE RUNNING ELECTRONIC WORDS OTHER THAN TIME, TEMPERATURE, AND DATE?
 YES NO
8. WILL SIGN BE LIT? YES NO IF YES, HOW? _____
9. HOW MANY FREE-STANDING, GROUND MOUNTED SIGNS WILL BE ON THE PROPERTY AFTER THIS SIGN IS ERECTED? _____
10. WILL SIGN BE ADVERTISING AN ON-SITE _____ OR OFF-SITE _____ BUSINESS?
11. WILL ALL SIGNS BE OUT OF THE ROAD RIGHT-OF-WAY? YES NO
12. HOW MANY STREET FRONTAGES DOES THE BUSINESS HAVE? _____
13. HOW MANY LINEAR FEET OF STREET FRONTAGE DOES YOUR BUSINESS HAVE? _____
14. WHAT IS THE SQUARE FOOTAGE OF EACH SIGN? GROUND _____ WINDOW _____
WALL/CANOPY _____ ROOF _____
15. WHAT IS THE TOTAL SQUARE FOOTAGE OF THE PROPOSED SIGN(S)? _____

NOTICE

I hereby certify that I have read and examined this document 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. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.

Signature

Address

Date

CHECK ALL THAT APPLY:

- I am the applicant.
- I am the business owner.
- I am the property owner.
- I am the contractor.
- I am an agent. If an agent, for whom:

OFFICE OF PLANNING AND INFRASTRUCTURE USE:

FEE: _____	RECEIPT # _____	INVOICE # _____
AMOUNT PAID: _____	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>
DATE PAID: _____	CHECK # _____	

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

- PERMITTED PRINCIPAL USE PERMITTED ACCESSORY USE SPECIAL PERMIT USE NONCONFORMING USE

COMMENTS: _____

SEE ATTACHMENT FOR CONDITIONS

DATE OF APPROVAL: _____

ZONING PERMIT #: _____

PERMIT OFFICER