



GRANITE FALLS

City of Granite Falls • 206 South Granite Avenue • P.O. Box 1440 • Granite Falls • Washington • 98252
Phone: (360) 691-6441 • Fax (360) 691-6734

APPLICATION FOR A SIGN PERMIT

THIS APPLICATION MUST BE ACCOMPANIED BY THREE (3) SETS OF COMPLETE PLANS, INCLUDING STRUCTURAL CALCULATIONS WHERE APPLICABLE, THREE (3) FULLY DIMENSIONED PLOT PLANS SHOWING ALL SIGNS ON THE SITE (EXISTING AND PROPOSED)

Project Address: _____

Tax Account Number(s): _____ Lot #: _____

Subdivision: _____ Sign Valuation: _____

Owner: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Phone Number: _____

Cell Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's License Number: _____ Expiration Date: _____

FLOOR SIGN CALCULATIONS

Height of wall _____

Length of wall _____

Area of wall _____

Height of proposed sign _____

Length of proposed sign _____

Area of proposed sign _____

Gross floor area _____

MONUMENT SIGN CALCULATIONS

Total street frontage _____

Height of proposed sign _____

Width of proposed sign _____

Total sign print area _____

Total sign structure area _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

Applicant's Signature

Date

Print Applicant's Name

FOR STAFF USE ONLY

_____ Permit #	_____ Accepted By	_____ Amount Received	_____ Receipt #	_____ Date Received
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