



# GRANITE FALLS

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

APPROVED: \_\_\_\_\_

Designated Official

- As submitted
- Subject to conditions as noted

## APPLICATION FOR A BANNER SIGN PERMIT

**THIS APPLICATION MUST BE ACCOMPANIED BY THREE (3) FULLY DIMENSIONED DRAWINGS OR PHOTOS OF THE BANNER AND DIMENSIONED DRAWINGS OR PHOTOS SHOWING WHERE & HOW THE BANNER WILL MOUNTED.**

Banner Location: \_\_\_\_\_

Dates banner to be in place: \_\_\_\_\_ to \_\_\_\_\_  
*(Limited to 90 days total per calendar year, to be use in up to 15 day increments, see UDC 196.040.N.1.e)*

Banner Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Banner Sign Calculations	Banner Sign Mounting
Distance from ground to top of sign: _____ ft.	Sign weight _____ lbs.
Distance from ground to bottom of sign: _____ ft.	Mounted to: _____
Width of proposed sign: _____ ft.	Type, number & size of fasteners/other:
Length of proposed sign: _____ ft.	_____
Area of proposed sign: _____ sq. ft.	_____

*I hereby certify that the above information is correct and that the construction 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				
SIG2013-				
Permit # _____	Accepted By _____	Amount Received _____	Receipt # _____	Date Received _____