



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

APPROVED: _____

City Designated Official
 As submitted
 Subject to conditions as noted

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): _____ Sign Valuation: \$ _____

Business Owner: _____ Phone Number: _____

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

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

Contractor: _____ Phone Number: _____

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

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

Contractor's License Number: _____ Expiration Date: _____

Wall/Mounted Sign Calculations

Freestanding/Monument Sign Calculations

Height of wall: _____ ft.

Total street frontage: _____ ft.

Length of wall: _____ ft.

Height of proposed sign: _____ ft.

Area of wall: _____ sq. ft.

Width of proposed sign: _____ ft.

Distance from ground to top of sign: _____ ft.

Total sign print area: _____ ft.

Total sign structure area: _____ ft.

Distance from ground to bottom of sign: _____ ft.

Sign Mounting

Width of proposed sign: _____ ft.

Sign weight _____ lbs.

Length of proposed sign: _____ ft.

Type, number & size of fasteners/other:

Area of proposed sign: _____ ft.

Business gross floor area: _____ sq. ft.

Sign Material _____

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

SIG2014-

Permit #

Accepted By

Amount Received

Receipt #

Date Received