

CITY OF ADA

Sign Permit Application

Plot Plan _____

Project Name _____

Address for Sign _____

Height of Sign _____ Width of Sign _____ Overall Height _____

Total Square feet of sign _____

Sign Contractor/Applicant _____

Mailing Address _____

City, State, ZIP _____

Phone _____ Fax _____

Contact Person _____

(Please check one only)

Ground Sign Non Illuminated Erect

Wall Sign Temporary Sign Relocate

Illuminated Sign Banner Re-Issue

Engineered Attached (if required) Yes Not required

Estimated Cost of Sign \$ _____

Other Facts _____

Signature of Contractor/
Applicant _____ Date _____

FOR OFFICE USE ONLY

\$ _____ Fee Required on Each Sign Approved Not Approved

Permit Number _____

Comments _____

Office Signature _____ Date _____