



# SIGN PERMIT



Permit No. \_\_\_\_\_

All permit applications must be submitted with two sets of complete building drawings and (2) plot plans showing the location of the structure from the property lines. List of subcontractors must be submitted with this permit. Approved plans and permit must be on the job site and accessible to the inspector. **Payments not accepted at time of permit submittal.** Payment due after permit has been approved. Checks made payable to the City of Delaware. In addition to this sign permit, commercial building permits are required for all freestanding signs, illuminated signs and all wall signs larger than 10 square feet.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address of applicant \_\_\_\_\_ Email \_\_\_\_\_

Owner of property \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address of property owner \_\_\_\_\_

Contractor \_\_\_\_\_ Email \_\_\_\_\_

Address of contractor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Lineal feet of front of building/storefront \_\_\_\_\_ Window area square feet(window sign only) \_\_\_\_\_

Freestanding \_\_\_\_\_ Wall \_\_\_\_\_ Projecting \_\_\_\_\_ Lighting required \_\_\_\_\_ Other \_\_\_\_\_

Temporary banner \_\_\_\_\_ Dates of Banner \_\_\_\_\_

Height of sign \_\_\_\_\_ Total square feet \_\_\_\_\_ Cost of construction \$ \_\_\_\_\_

Historical District? YES / NO

BZA Case Number \_\_\_\_\_ HPC Case Number \_\_\_\_\_

**OFFICE USE ONLY**

Commercial Permit Required? Yes / No \_\_\_\_\_ Commercial Permit Number \_\_\_\_\_

Permit Fee (\$25.00 per sign) \$ \_\_\_\_\_

+ 0.50 per square feet (per sign) \$ \_\_\_\_\_

Temporary Banner (\$25.00 per sign) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

The undersigned is either the property owner or a duly authorized agent of the property owner and do hereby verify the truth and correctness of all facts and information presented with this application and authorize on-site inspections by City Staff.

**Owner or Authorized Agent** \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Planning/Zoning \_\_\_\_\_ Date \_\_\_\_\_

CBO \_\_\_\_\_ Date \_\_\_\_\_