

**ZONING APPLICATION
APPROVAL/SIGN PERMIT**

TOTAL NUMBER OF SIGNS _____ Fee: _____ Issue Date: _____ Permit Number _____

Description of Signage _____

Location of Premises: _____

Owner of Premises: _____ Address _____

Tenant: _____ Address _____

Sign Contractor: _____ Address _____

Name and Address of Individual Providing Information on This Application:

Print Name	Signature	Address	Phone Number
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