



Office Use Only:		Application Date:	Permit Number:
PIN:	Lot No.:	Subdivision:	Zoning:

Site Address: _____

OWNER INFORMATION	
Owner Name:	
Address (Street, City, State, Zip):	
E-Mail:	Phone:

CONTRACTOR INFORMATION	City of Republic Business License No.:
Company Name:	Contact Name:
Mailing Address (Street, City, State, Zip):	
E-Mail:	Phone:

PROJECT INFORMATION	Purpose: Business <input type="checkbox"/> Non-Business <input type="checkbox"/>
Duration: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Duration Period: _____ <i>(if applicable)</i> <i>(Dates)</i>
Placement: Roof <input type="checkbox"/> Wall <input type="checkbox"/>	Detached <i>(on-premises)</i> <input type="checkbox"/> Detached <i>(off-premises)</i> <input type="checkbox"/>
Height of Sign from Grade: _____	Effective Area of Signage: _____ sq. ft.

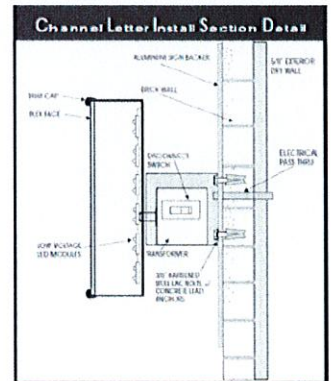
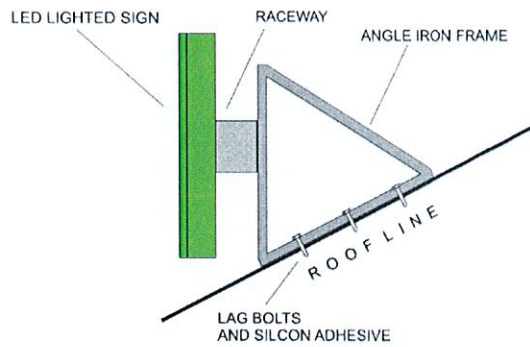
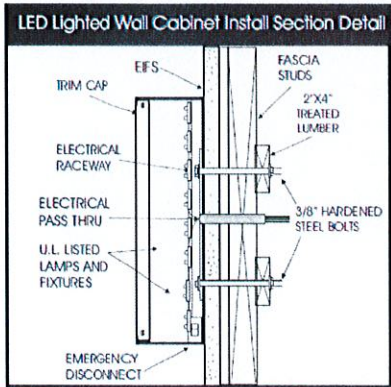
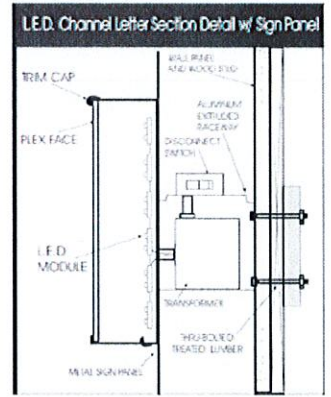
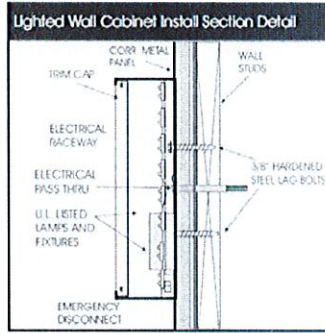
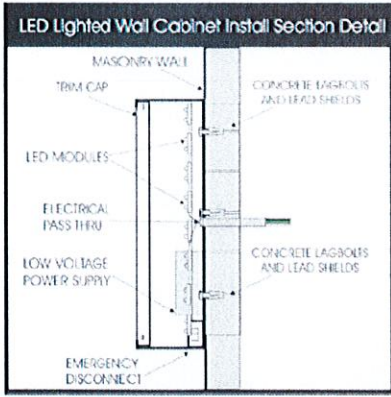
Project Description: _____

Project Contact Information: Contact Name & Phone: _____
 Company Name: _____ Email: _____

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

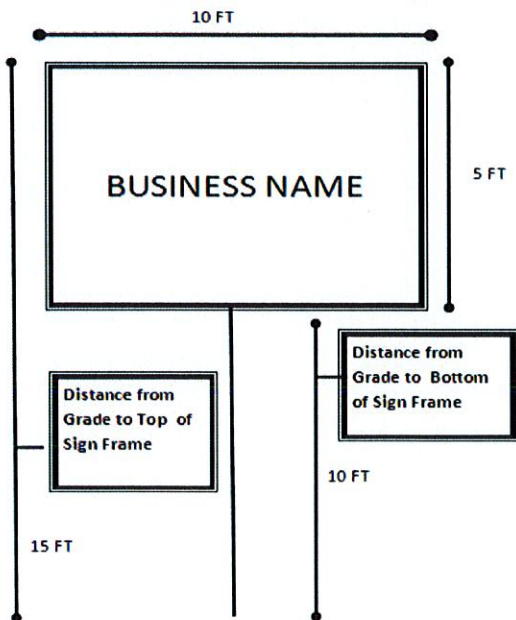
Signature: _____ **Date:** _____

EXAMPLE OF METHODS OF ATTACHMENT:



EXAMPLE OF ELEVATION DRAWINGS:

Example of Freestanding Sign



Example of Wall Sign

TOTAL WALL AREA: 600 SQ FT
 TOTAL SIGN AREA: 15 FT
 GROUND CLEARANCE: 8 FT

