



APPLICATION FOR

SIGN PERMIT

Department of
Community Development

Incomplete applications will not be accepted.
Indicate "NA" when an item does not pertain to your application.

BUSINESS INFORMATION		
BUSINESS NAME:		
PROJECT ADDRESS:		
BUSINESS: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> RELOCATING <input type="checkbox"/> TEMPORARY	CERTIFICATE OF OCCUPANCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGN INFORMATION		
SIGN STRUCTURE # 1 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT DESCRIPTION: _____	SIGN STRUCTURE # 2 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT DESCRIPTION: _____	
SIGN STRUCTURE # 3 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT DESCRIPTION: _____	SIGN STRUCTURE # 4 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT DESCRIPTION: _____	
SIGN STRUCTURE # 5 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT DESCRIPTION: _____	TOTAL SQ FT OF NEW SIGN(S) = _____ SQ FT COST OF PROJECT: \$ _____	
BUSINESS OWNER NAME:		
MAILING ADDRESS:		
E-MAIL ADDRESS:	PHONE:	
SIGN CONTRACTOR BUSINESS NAME:		
MAILING ADDRESS:	LIC#	EXPIRATION:
E-MAIL ADDRESS:	PHONE:	

CERTIFICATION: THE UNDERSIGNED HEREBY CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR A PERMIT WITH THE CITY OF WILLIS AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM AND ANY PLANS OR SUPPORTING DOCUMENTATION SUBMITTED IS TRUE AND CORRECT BY THIS SIGNATURE; THE APPLICANT HAS READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL CODES AND CITY ORDINANCES.

THIS APPLICATION SHALL EXPIRE: PURSUANT TO SECTION 105.3.2 OF THE 2018 INTERNATIONAL BUILDING CODE / RESIDENTIAL CODE, APPLICATIONS FOR PERMIT WILL BE DEEMED ABANDONED 180 DAYS AFTER THE DATE OF FILING UNLESS THE APPLICATION HAS BEEN PURSUED IN GOOD FAITH OR A PERMIT HAS BEEN ISSUED.

APPLICANT PRINTED NAME _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY				
SIGN PMT #:		ELECT PMT #:		CONT ID:
FEES	SIGN PMT: \$	ELECT PMT: \$	SIGN LICENSE FEES: \$	CONTR REG:
PAST DUE LIC: \$		TOTAL AMOUNT DUE: \$		NOTES:

SIGN PERMIT CHECKLIST

**Provide the following submittal documents as a single pdf file on a USB drive.
All documents shall be of sufficient quality and clarity to facilitate review.**

- Completed Sign Permit Application and Electrical Trade Permit Application if applicable.
- Existing Site Plan or Survey which includes all signs on the property.
- Proposed Site Plan or Survey showing all new signs and/or replacements.
- Provide plans that show the dimensions, material and required details of construction, including loads, stresses and anchors. (2018 IBC appendix H Section H105 Design and Construction).
- Provide documentation from a qualified Engineer delineating and describing methods of attachment which will meet the required wind speed of (130 MPH ultimate designed wind speed, V_{ULT}), and will not adversely affect the structure or façade. (2018 IBC, appendix H105.3 Wind Load, 105.5 Working Stresses, 105.6 Attachment)