

TOWN OF CEDAR POINT

Official Use Only:
SIGN PERMIT #
SP-



SIGN PERMIT APPLICATION

Owner's Name: _____ Owner's Phone: _____

Applicant: _____ Applicant's Phone: _____

Address of Applicant: _____ City: _____ State: _____ Zip: _____

Property Address of Sign Location: _____

Sign: New Existing: Repair or Replacement Number of Signs Proposed: _____

Sign Type: Freestanding Sign Wall Sign Directional Sign Other: Specify: _____

Total Square Footage Area of Sign: _____ Maximum Height of Sign: 20' _____

Grade Clearance to Bottom of Sign in Feet (if applicable): _____

Distance from Leading Edge of Sign to Property Lines and/or Rights-of-way in feet: 10' _____

Illumination Method of Sign? Internal Ground Lighting Neon Other: Specify _____

I hereby certify that all information in this application is correct and all work shall comply with the STATE BUILDING CODE and all other applicable FEDERAL, STATE, and LOCAL laws, codes, and ordinances. The Zoning Office will be notified of any changes in the plans and specifications for the permitted project herein.

OWNER/AGENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

ZONING DISTRICT: _____ WIND LOAD REQUIREMENTS: _____

ENGINEERING REQUIRED: Y N

FLOOD ZONE: _____

PERMIT FEE: \$ _____

SPECIAL REQUIREMENTS: _____

APPROVED BY: _____ DATE: _____