



SIGN PERMIT APPLICATION

Type of Permit: New Alter Relocated

SIGN VALUE \$ _____

PERMIT NO.

Print Property Owner Name: _____ **Phone:** _____

Mailing Address: _____

Print Applicant (If not owner): _____ **Phone:** _____

Mailing Address: _____

Physical Address: _____

Print Contractor: _____ **Contractor #:** _____ **Phone:** _____

Mailing Address: _____

Assessor's Map Number		Tax Lot(s)		Acres	Zone
Horizontal Dimension	Vertical Dimension	Height to Bottom	Height to Top	Area of Sign	Square Footage of Building

A drawing to scale shall be submitted which indicates fully the material, color, dimensions, size, shape and height above grade. The drawing shall show the structural elements of the proposed sign and supporting structure(s) and any other information needed to show that the sign will not interfere with traffic safety, public health, or general welfare. **Building Signs:** The diagram shall show where the sign will be attached to the building, including the distance the sign will project from the wall to which it is attached and the height above the finished ground surface over which it is mounted. **Free-standing Signs:** In addition to the diagram, a site plan shall be submitted which shows the placement of the sign on the property with dimensions from property lines, driveways, sidewalks, parking areas and buildings.

SIGN DISTRICT

Three sign districts have been established to ensure that sign size and location will provide the most visibility for each business while protecting the aesthetic qualities of surrounding uses. The size, height and distance allowed between signs vary by district, taking into account traffic speeds and types of uses in each district (see attached map).

Highway 126 Corridor _____ **Business District** _____ **Residential** _____

TYPE OF SIGN(S)

A detailed sign plan drawn to scale showing footings, mountings and hardware, must accompany application

*Building _____ Portable _____ *Free-Standing _____ *Monument _____ Murals _____ *Projecting _____ Banners _____

*Subdivision Identification _____ Directional _____ Window _____ On-site Information _____ Construction _____

Illumination: Yes No **Conditional Use:** Yes No **Variance:** Yes No

***These signs require a Building Permit**

NOTICE

Sign visible from a state highway: Yes _____ No _____ (If Yes, please read statement below and initial)

If property is visible from a state highway, a permit from the Oregon Department of Transportation (ODOT) may be required in addition to any city permits. Please contact ODOT for sign requirements (Phone - 888-275-6368 or website <http://www.oregon.gov/ODOT>).

Applicant Initials _____

A permit shall expire if a sign is not installed, as approved, within 180 days from the date of approval. Reapplication shall include a new, fully completed application form and a new application fee. Electrical connections and all supply circuits shall be made by Licensed Electrical Contractor and subject to the provisions of the State Electrical code. A separate permit shall be taken out for electrical work.

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HERewith ARE TRUE, COMPLETE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Property Owner Signature: _____

Applicant Signature: _____

FOR OFFICE USE ONLY

FOR BUILDING INSPECTOR USE			PERMIT FEES		
Type of Sign	Number of Signs	Number of Stories			
Size of Sign (Sq. Ft.)	Size of Building (Sq. Ft.)		NON-REFUNDABLE PLAN CHECK FEE:	ESTIMATE: \$	ACTUAL: \$
VALUATION OF WORK		\$	1. Building Permit		
VALUATION OF ACCESSORY STRUCTURE		\$	2. Sign Permit		
TOTAL VALUATIONS		\$			
Application accepted by	Plans checked by	Approval for Issuance by			

FOR PLANNING DEPARTMENT USE		
ZONE: RR SFR GR RC CC HC IC LI MI PFP /SS /GW /FP /PD /SDP(NE) /SDP(SW)	STATE SURCHARGE **	
	**12% OF CHARGES 1 thru 5	
REQUIRED YARD SETBACKS: FRONT: BACK: SIDE:	OTHER	
SPECIAL CONDITIONS (Deeds, Easements, Improvement Agreements, Site Plans, etc.) ... SEE ATTACHMENTS _____ _____ _____	LESS ESTIMATED PLAN CHECK FEE	
	PERMIT FEE BALANCE DUE	
ESTIMATED PLAN CHECK FEE NON-REFUNDABLE AMOUNT: \$ DATE PAID: RECEIPT NUMBER:	WHEN PROPERLY VALIDATED THIS IS YOUR RECEIPT	PERMIT FEE BALANCE DUE: AMOUNT: \$ DATE PAID: RECEIPT NUMBER:

FERN RIDGE SCHOOL DISTRICT CONSTRUCTION EXCISE TAX
<input checked="" type="checkbox"/> SIGN PERMIT & CONSTRUCTION ARE EXEMPT FROM THIS TAX