

SIGN PERMIT APPLICATION SP - ____ - ___

(512) 398-3461 • FAX (512) 398-3833 P.O. Box 239 • Lockhart, Texas 78644 308 West San Antonio Street

CONTRACTOR/OWNER							
CONTRACTOR NAME	LICI	ENSE NO					
DAY-TIME TELEPHONE							
E-MAIL							
OWNER NAME	ADDRESS						
DAY-TIME TELEPHONE							
E-MAIL							
PROPERTY							
ADDRESS OR GENERAL LOCATION							
ZONING CLASSIFICATION HISTORIC LANDMARK OR DISTRICT (Y/N)							
NUMBER OF STREET FRONTAGES (Property I	ines abutting a public	street)					
PRINCIPAL USE OF LAND AND/OR BUILDINGS ON THE SITE							
NAME OF BUSINESS TO OWN OR USE PROPOSED SIGN							
REQUESTED PERMIT							
PROPOSED CONSTRUCTION (Check all that appropriate that appropriate that appropriate the property of the proper	oply) <i>ON-</i>	PREMISE	OFF-PREMISE				
NEW SIGN STRUCTURAL REP	AIR STRUC	TURAL ALT	ERATION/RELOCATION				
TYPE OF SIGN PROPOSED (Check all that app		WALL	MARQUEE				
LOW PROFILE N	IEDIUM PROFILE		HIGH PROFILE				
INSTITUTIONAL DEVELOPMEN	NT ENTRANCE	RESIDE	ENTIAL IDENTIFICATION				

CHARACTERISTIC	S OF SIGN	1					
IF ATTACHED SIGN, TOTA	L AREA OF BUI	LDING FACADE	ON WHICH LOCATED	SQ. FT.			
IF FREESTANDING SIGN,	SETBACK FROM	NEAREST STF	REET RIGHT-OF-WAY LINE	FT.			
HEIGHT TO TOP OF SIGN	FT.	TOTAL SIGN F	ACE AREA (One side only)	SQ. FT.			
ILLUMINATION	NONE	_ INTERNAL	REFLECTED	BARE BULB			
OUDINITAL DEGLI	UD EMENIT	•					
SUBMITTAL REQU	JIKEMENI	5					
location of the proposed sig features or nearest property foundation or mounting deta	n on the site or l / line, as appropails; 3) Material n is to be freestal	building, includin oriate; 2) Dimens and electrical sp nding and over s	ARGER THAN 11" X 17", SHO g dimensioned references to a sions of the sign and sign stru pecifications; 4) Name of sign ix feet high, certification by a lic	djacent building cture, including manufacturer, if			
			ANY, ON THE SAME BUILDIN THE PROPERTY (for freestan				
COPY OF STATE PERMIT	OR AUTHORIZA	TION IF APPLIC	CATION IS FOR AN OFF-PREM	IISE SIGN.			
COMPLETED APPLICATION OR ON HISTORIC LANDMA			ERATION IF SIGN IS IN HISTO	ORIC DISTRICT			
			E FOOT OF SIGN AREA OVE YABLE TO THE CITY OF LOC				
I HEREBY AFFIRM THAT IF I AM NOT OWNER OF THE PROPERTY UPON WHICH THE SIGN IS TO BE LOCATED, I AM AUTHORIZED BY THE PERSON, ORGANIZATION, OR BUSINESS ENTITY OWNING THE PROPERTY TO REPRESENT THEM IN THIS APPLICATION. TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS ARE COMPLETE AND CORRECT.							
SIGNATURE		_	DATE				
PRINTED OR TYPED NAMI	≣						
			indation inspection to verif responsibility to call for the				
OFFICE USE ONLY							
APPROVED BY	Plannin		D. 2.2				
		_	Building Inspe				
PERMIT NUMBER SP			ALTERATION NUMBER CFA -				
DATE	_	E	RECEIPT #				