

SIGN PERMIT APPLICATION

TOWN OF ECLECTIC

P.O. Box 240430, Eclectic, AL 36024
(334) 541-4429/FAX (334) 541-2854

APPLICANT NAME _____

 ADDRESS _____
 DAYTIME TELEPHONE _____
 EMAIL _____

DATE OF APPLICATION _____
 THIS APPLICATION IS FOR:
 New Sign
 Painting, Repair or Replacement of Existing Sign(s)

OFFICE USE ONLY		ZONE:
SITE ADDRESS:		
PROJECT NAME:		
CASE #	XREF CASES:	
FREESTANDING SIGNS	WALL SIGNS	
Total Display Area Allowed	Total Display Area Allowed	
Existing Display Area	Existing Display Area	
Display Area Approved Under this Permit	Display Area Approved Under this Permit	
Display Area Remaining	Display Area Remaining	

THE FOLLOWING SIGN TYPES ARE INCLUDED IN THIS PERMIT REQUEST:
 Freestanding Sign(s):

Dimensions Of Sign Face _____
Area (s.f.) _____
Height of Sign _____

Wall Sign(s) (includes signage for accessory structures):

Sign #	Length of Display façade	Dimensions	Area (s.f.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Total Display Area: _____

COMMENTS: _____
DRAWINGS OF ALL PROPOSED SIGNS MUST BE ATTACHED TO THIS APPLICATION OR SKETCHED ON THE BACK OF THE PAGE. FOR ANY FREESTANDING SIGN, A DIAGRAM MUST BE PROVIDED SHOWING THE LOCATION OF THE SIGN ON THE LOT.

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any incorrect information may void this permit

APPLICANT NAME (please print):	DATE:
APPLICANT'S SIGNATURE:	

Received by: _____ Date: _____

SG