

7 Days Required for Review

**THE CITY OF SARALAND
SIGN PERMIT APPLICATION**

Application Date: _____

Business: _____

Sign Location/Address: _____

Owner: _____ Phone Number: _____

Address: _____

Sign Erector: _____ Phone Number: _____

Address: _____

Size: Sq. Ft./Face _____ Sign Height from Ground: _____

Length of Store Front: _____ Store Front Height: _____

Length of Bldg: _____ Double Face Single Face

Sign Type and Description: _____

Electrically Illuminated ? : No Yes, Electrical Permit is Required

Plans, etc. submitted to Building Department ? : No Yes

Comments: _____

I hereby certify that the information shown herein is correct and true; and all construction will be in accordance with all applicable codes.

Applicant's Signature _____ Date _____

Section Below to be completed by the Building Department.

Sign Permit No. _____ Zoned: _____

Sign Permit Fee \$ _____ Parcel Number: _____

Issued By _____ Date: _____

Inspected By: _____ Date: _____

Comments _____
