PERMIT NO: _____ DATE: _____ RECEIVED BY: _____

FEE AMT: ***$25.00*** CHECK NO: _____ CASH: _____

TOWN OF GALENA
SIGN PERMIT APPLICATION

Property Owner or Agent (printed) _____

NOTE: Agent shall provide a letter from the owner authorizing that they may act on his behalf.

Address: Street _____ City_____ State _____ Zip _____

Phone: Day _____ Cell _____ Fax _____

Email: _____

Property Information:

Zoned: _____ Tax Map: _____ Parcel: _____ Lot: _____ Subdivision: _____

Property Address: Street _____ City_____ State _____ Zip _____

Type of Sign:

Size: Length _____ Width _____ = Total Square Footage _____

Height From Ground Elevation: _____

Location: Include a sketch showing the location of the sign.

Banner Maximum Size 15 sq. ft. ___ Double-Faced ___ Illuminated ___ Marquee ___

Portable ___ Projecting ___

Temporary ___ Wall ___ Window ___

Description: _____

_____

_____

Applicant/Agent's Signature: _____ **Date:** _____

Applicant hereby agrees to comply with all regulations applicable hereto and further agrees that any misstatements or misrepresentation of facts or any other change within the approval of the agencies concerned shall constitute sufficient grounds for denial for the permit.

****

Approved: _____ **Date:** _____

Sharon Weygand, Zoning Administrator

Permit No: _____ **Permit Expiration Date:** _____

PERMIT NO: _____ DATE: _____ RECEIVED BY: _____

FEE AMT: ***$25.00*** CHECK NO: _____ CASH: _____

Conditions: _____

_____