

# UNION COUNTY SIGN PERMIT APPLICATION

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER AND ZONING APPROVAL.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.

		TAX PARCEL NO.	
OCCUPANT	OWNER/TENANT: _____		
	ADDRESS: _____ CITY: _____		
	STATE: _____ ZIP CODE: _____ PHONE NO: _____		
SITE INFORMATION	<input type="checkbox"/> WALL <input type="checkbox"/> MONUMENT <input type="checkbox"/> FREESTANDING <input type="checkbox"/> DIRECTIONAL		
	<input type="checkbox"/> OTHER: _____		
	SUBDIVISION NAME: _____ LOT: _____ SUITE#: _____		
	STREET NO. AND NAME: _____		
	★★★PROPERTY IN THE ZONING JURISDICTION OF: _____		
FOR OFFICE USE ONLY:    ZONING <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    FLOOD: <input type="checkbox"/> YES <input type="checkbox"/> NO			
UTILITIES	UTILITIES: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING    POWER COMPANY: _____		
CONTRACTORS	CONTRACTOR(S): NAME / ADDRESS AS APPEARS ON LICENSE		CONTRACT COST
	BLDG.	PHONE	LIC#
	ADD.	CITY/ST.	ZIP
	ELECT.	PHONE	LIC#
	ADD.	CITY/ST.	ZIP
CONTRACTOR EMAIL ADDRESS: _____			

• ALL INFORMATION MUST BE COMPLETED BEFORE THIS APPLICATION CAN BE PROCESSED. PLEASE SEE SIGN PLAN REVIEW SUBMITTAL REQUIREMENTS FOR OTHER ITEMS NEEDED FOR PROCESSING.

• THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

PRINT APPLICANT'S NAME \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

METHOD OF PAYMENT:     ACCOUNT     CASH OR CHECK     CREDIT CARD