



# PERMANENT SIGN APPLICATION FOR PLAN EXAMINATION

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Project Name \_\_\_\_\_

Location Address \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

### Permit Type

New Sign     Replace Copy     Removal

### Existing Signs

Number of Business on Lot/Center: \_\_\_\_\_

Ground \_\_\_\_\_     Wall \_\_\_\_\_     Projecting \_\_\_\_\_     Digital \_\_\_\_\_     Animated/Scrolling \_\_\_\_\_

### Proposed Signs

Ground \_\_\_\_\_     Wall \_\_\_\_\_     Projecting \_\_\_\_\_     Digital \_\_\_\_\_     Animated/Scrolling \_\_\_\_\_

### Dimensions

Sign Face Height \_\_\_\_\_ Width \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Setback from Street Center Line \_\_\_\_\_ ft

Sign Height Above Grade (to top of sign) \_\_\_\_\_ ft

Setback from Intersection Center Line \_\_\_\_\_ ft

### Requirements

(3) Site plans must show property lines, building positions, all distances from structures to lot lines, utility easements and proposed sign location

See Manual of Fees for permit costs by size/type

### Restrictions

-Signs are not permitted in the right-of-way.

-If proposed sign is to be located within a utility easement (U/E), all utility companies and the City must give prior approval.

-No ground signs within 35 feet from another ground sign

### Authorization

***I hereby certify that the proposed work is authorized by the owner of record.***

Owner/Lessee \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.***

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE CALL \_\_\_\_\_ WHEN PERMIT IS READY FOR PICK UP Phone# \_\_\_\_\_

### Contractor Names-All contractors must registered with the City of Broken Arrow

Sign Company \_\_\_\_\_ Phone # \_\_\_\_\_

Electrical \_\_\_\_\_ Phone # \_\_\_\_\_