

SIGN PERMIT APPLICATION



PLANNING & BUILDING
DEPARTMENT
201 CENTER ST. W
EATONVILLE WA 98328
360-832-3361 EXT 114

PERMIT NUMBER: _____

WORK TYPE: FREESTANDING: _____ PERMANENT: _____ TEMPORARY: _____

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		
PROJECT DETAILS		
SIGN HEIGHT: _____ NUMBER OF FACES: _____	SIGN WIDTH: _____ BUILDING HEIGHT: _____	TOTAL SQ. FT SIGN: _____ DEPTH OF FOOTING: _____

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner _____ Agent/Other _____

Signature: _____

Date: _____