

BUILDING DEPARTMENT
CITY OF CHARLESTON, WEST VIRGINIA
SIGN PERMIT APPLICATION

(Enclose self-addressed, stamped envelope for mail or fax permits)

SIGN CONTRACTOR: _____ REG. NO. _____

SIGN CONTRACTOR ADDRESS: _____

OWNER NAME: _____ PHONE: _____

OWNER'S ADDRESS: _____

CONSTRUCTION ADDRESS: _____

TAX MAP AND PARCEL NO. OF CONSTRUCTION ADDRESS: _____

GENERAL CONTRACTOR NAME: _____

Building Permit No. B No. _____ Classification: _____

Project Cost: \$ _____ Value of Sign: \$ _____

Permission is hereby requested to: Erect ___ Repair ___ Alter ___ Move ___

Type of Sign: Billboard _____ Wall Sign _____ Projecting Sign _____ Roof Sign _____

Ground Pole Sign _____ Temporary Sign _____

Size of Sign: Length _____ Height _____ Total Sq. Ft. _____

Double Face _____ Single Face _____ Permit Fee \$ _____

Int. Lighted _____ Ext. Lighted _____ Not Lighted _____

Attach sketch of sign and approvals from Planning and Zoning Department.

All work to be done in compliance with the laws and ordinances of the City of Charleston and in accordance with approved zoning and plans and specifications on file with the Building Department.

Authorized Representative Requesting Permit

Date Requested

Signature of Owner/Contractor or Authorized Representative