



Sign Permit Application

City of Colville - Building Department

170 S. Oak St. Colville, WA 99114

509-684-5096 (Office) / 509-684-5030 (Fax)

PROJECT SITE INFORMATION

| | |
|----------|----------|
| Address: | Parcel # |
|----------|----------|

PROPERTY OWNER/APPLICANT

| | |
|----------------------------------------------------------|------------------------|
| Business Name: | Property Owner: |
| Do you have a City of Colville Business License?* | Project Contact Name: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Applicant (If Different From Owner): | Project Contact Phone: |
| Mailing Address: | Project Contact Email: |

**All businesses who are located in or perform work in the City of Colville must have a current City Business License*

CONTRACTOR

| | |
|------------------|---------------|
| Business Name: | Contact Name: |
| Mailing Address: | Phone: |
| Email Address: | License: |

PROJECT INFORMATION

| | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Type of Project: | <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Reface <input type="checkbox"/> Other |
| Building Type: | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Valuation: |
| Sign Material: | Supports & Anchors: |
| Illumination Lumes: | Line Voltage Required: |
| Detailed Project Description: | |
| | |
| | |

PROJECTING SIGN

| | SIGN TYPE | SIGN AREA (SQ. FT.) WIDTH X HEIGHT X # OF FACES | ILLUMINATED? | PROJECTION FROM BUILDING (SQ. FT.) | CLEARANCE FROM SIDEWALK/GRADE (SQ. FT.) |
|---|-----------|----------------------------------------------------|--------------|---------------------------------------|--------------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |



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FREE STANDING SIGNS

| | SIGN TYPE | SIGN AREA (SQ. FT.) WIDTH X HEIGHT X # OF FACES | ILLUMINATED? | REFACE? | TOTAL HEIGHT | BASE HEIGHT |
|---|-----------|----------------------------------------------------|--------------|---------|--------------|-------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |

STREET FRONTAGE (LINEAR FEET):

MOUNTED SIGNS

| | SIGN TYPE | SIGN AREA (SQ. FT.) WIDTH X HEIGHT X # OF FACES | ILLUMINATED? | BUILDING ELEVATION (N,S,E,W) | EXPOSED BUILDING FACE (SQ. FT.) |
|---|-----------|----------------------------------------------------|--------------|---------------------------------|------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |

LARGEST EXPOSED BUILDING FACE (SQ. FT.):

SIGN PERMIT SUBMITTAL CHECKLIST

Provided

| | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Two plans showing locations of proposed sign(s), and lineal feet of street frontage. | <input type="checkbox"/> |
| Two plans of the proposed sign with sign style, size, method of construction and materials used along with a scaled design. | <input type="checkbox"/> |
| Type of sign, whether illuminated or nonilluminated. | <input type="checkbox"/> |
| Certificate of Insurance (If applicable*). | <input type="checkbox"/> |

**Sidewalk sign permits or any sign within city right-of-way requires a Certificate of Insurance with City of Colville as co-insured. They are annual permits. Upon renewal of the insurance, a new certificate must be submitted for proof of continuous coverage. Off-premise signs must be located on private property and require permission from the property owner.*

PROPERTY OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, to the best of my knowledge, and I am authorized to apply for this permit

| | |
|------------|------|
| Signature: | Date |
|------------|------|

OFFICE USE ONLY

| | | |
|------------------------------------------------------------------------|----------------------------------|--------------------|
| Zoning Ordinance # 1160 N.S., Sec 17.64.110 _____, Subsection(s) _____ | | Reviewed By: _____ |
| Zoning District: | Max Size Permitted: | Permit Fee: |
| Approved: <input type="checkbox"/> | Denied: <input type="checkbox"/> | Reason(s): |