

SIGN PERMIT APPLICATION

CITY OF GARLAND
 P.O. BOX 469002, 800 MAIN STREET
 GARLAND, TX 75040-6299
 OFFICE (972) 205-2300 FAX (972) 205-2839
 INSPECTION REQUEST: (972) 205-2300
<http://www.garlandtx.gov>

PERMIT# _____

DATE RECEIVED: _____

ZONING: _____

CONSTRUCTION ADDRESS			
BUILDING/PROPERTY OWNER			PHONE
MAILING ADDRESS	CITY	STATE	ZIP
SIGN CONTRACTOR			PHONE
ELECTRICAL CONTRACTOR			PHONE

SIGN INFORMATION

ATTACHED SIGNS			
<input type="checkbox"/> NEW SIGN	<input type="checkbox"/> REFACE EXISTING SIGN PANEL	ILLUMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TENANT SPACE FRONTAGE – AS MEASURED ALONG MAIN ENTRANCE ONLY _____ LINEAR FEET			
PROPOSED SQUARE FOOTAGE OF SIGN _____			
EXISTING SQUARE FOOTAGE OF SIGN(S) _____		635 OVERLAY _____	190 OVERLAY _____ 30 OVERLAY _____
TOTAL SQUARE FOOTAGE OF SIGN(S) _____		NOT IN OVERLAY _____	

FREE STANDING SIGNS			
<input type="checkbox"/> NEW SIGN	<input type="checkbox"/> REFACE EXISTING SIGN PANEL	ILLUMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF FREESTANDING SIGNS ON SITE _____		ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HEIGHT OF PROPOSED SIGN AS MEASURED FROM GRADE _____ FT			
MINIMUM CLEARANCE TO BOTTOM OF THE SIGN _____ FT		635 OVERLAY _____	190 OVERLAY _____ 30 OVERLAY _____
SIGN SIZE: _____ x _____ = _____ SQ FT		NOT IN OVERLAY _____	

60 DAY WIND DEVICE (EXCLUDING BANNERS) FLAG(S) STREAMER(S) INFLATABLE(S)

SIGN VALUE \$ _____ **PERMIT FEE \$** _____

NOTICE TO APPLICANT This permit is issued on the basis of information furnished in this application and on any submitted plans, and is subject to the provisions and requirements of the City of Garland Code of Ordinances and any other applicable ordinances of the City, regardless of information and/or plans submitted. This permit holder is required to use only subcontractors licensed and registered by the City of Garland where such a requirement is applicable. **Inspections for signs requiring piers or footings are required before piers or footings are poured and after construction and installation is completed. Inspections for all other signs are required after installation is completed.**

APPLICANT IS:	PRINT NAME _____
<input type="checkbox"/> BUSINESS REP.	SIGNATURE _____ DATE _____
<input type="checkbox"/> CONTRACTOR	DL# _____ EXP. DATE _____ D.O.B. _____
EMAIL ADDRESS: _____	

DATE	REVIEWED BY	OVERLAY DISTRICT:
_____	_____	<input type="checkbox"/> 635 <input type="checkbox"/> 30 <input type="checkbox"/> 190 <input type="checkbox"/> N/A

SPECIAL INSTRUCTIONS:
