

Application for Sign Permit

Building Inspections Department
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Permit Number:

Part 1. Project Location Information					
Project Address:		Suite/Bldg#:			
Property Owner or Tenant Name: 		Phone: Email:			
Part 2. Description of Work					
Square Footage of sign: _____		Valuation of Work:			
Part 3. Type of Sign					
<input type="checkbox"/> Wall Sign <input type="checkbox"/> Freestanding Sign (monument or pole) <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Flagpole <input type="checkbox"/> Banner* <input type="checkbox"/> Promotional*					
*Banner / Promotional Timeframe: (beginning date)		(end date)			
Sign Reads:					
Business Name:		Illuminated: Y <input type="checkbox"/> N <input type="checkbox"/>	UL Listing/File # <small>Reference following page</small>		
Provide elevation direction the new sign will be facing: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			Will the sign be place over the business for which it is intended? Y <input type="checkbox"/> N <input type="checkbox"/>		
Provide store front lineal feet (lineal footage of wall area available for sign(s) or lease space lineal ft.					
Part 4. Contractor	Address	City/State/Zip	Phone		
Sign:					
Electric:					
<p><i>AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION.</i></p> <p>I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>					
Date:	Your name (Printed):	Signature:			
Email:	phone:	fax number:	Call when Ready <input type="checkbox"/>		
<small>*****office use only*****</small>					
Zoning:	PD Reqmnts:	Overlay:	Classification:		
Length of Elev:	Max. Allowed SF:	Provided SF:	CO#:	Elevation:	
Width Coverage:	Projection:	Height of Sign:	Front Setback:	Adj. Prop. Setback:	Spacing:
Comments:					
Permit Technician Approval:		Date:			
Plans Examiner Approval:		Date:			
Permit Received By:		Date:			