

City of San Angelo, Texas - Building Permits & Inspections 52 West College Avenue



Portable/Permanent Sign Application

NOTE: Incomplete applications will not be accepted. All required fields must be filled in adequately. Only one Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

Section 1: Basic Information							
Applicant Name	Address	Phone Number	Email Address				
Sign Owner Name	Address	Phone Number	Email Address				
Address (Location) of Sign							
Legal Description (can be found on property tax s	tatement or at <u>www.tomgreencad.com</u>)						
Project Valuation (estimate):	_Texas Electrical Sign Contractor Licens	e Number:	(if applicable)				
Zoning District: □ CN □ CO □ CG □ CH □ CG/CH □ CBD □ OW □ ML □ MHS □ MHP □ PD □ RS-1 □ RS-2 □ RS-3 □ RM-1 □ RM-2 □ R&E							
Will the sign be located within the Historic/Historic Overlay District or the River Corridor District? Yes No Both (Signs in this District require additional approval. Contact the City's Planning Division)							
(Maps available at www.cosatx.us/HDmap and www.cosatx.us/RCmap)							
Section 2: Type of Sign and Material							
Material: Face Fram Schematic of how the sign is attache							
☐ Freestanding Sign Any type of wiring or illumination? ☐ Yes ☐ No	Any Existing freestanding sig	ns or billboards?	Yes □ No				
Sign Height: Sign Area (Sq. Ft.):	_ Lot Frontage (Linear Ft):Setb	ack from curb:	Setback from property line:				
☐ Wall Sign Any type of wiring or illumination? ☐ Yes ☐ N	0						
Area of wall face (Sq.Ft): Total Sign Are	a (Sq.Ft):						
Face 1 (Sq.Ft): Face 2 Sq.Ft): Face 3 (Sq.Ft): Face 4 (Sq.Ft): Face 5 (Sq.Ft): Face 6 (Sq.Ft):							
Projection above wall or ridge line (inches):	Projection out from wall (inches):	Type of wall si	gn is attached to:				
☐ Portable Sign Any type of wiring or illumination? ☐ Yes ☐ No							
Sign Height: Sign Area (Sq. Ft.):			Setback from property line:				
Number of Days in Use: Date to be place	ed:/ Date to be removed	://					
☐ Off-Site Sign Any type of wiring or illumination? ☐ Yes ☐ N	o Type of Sign∵ □ Single	☐ Back to back 「	☐ Double faced ☐ V-type				
Distance to nearest off-site sign: Sign	., .						
Lot Frontage (Linear Ft):Setback from fr	ont: Setback from side:	_					

Section 3: Applicant's acknowledgement							
I affirm that the information provided in this application is true and correct to the best of my knowledge.							
Contractor or Applicant	Signature			Date		_	
FOR OFFICE USE ONLY	1						
						_ ☐ Verified Complete ☐ Verified Incomplete	
					_ Date Issue	d:/	
Planning approval:	☐ Yes ☐ No	☐ Not needed					