

City of Silverton 306 South Water Street Silverton, OR 97381 (503) 874-2207 Fax: (503) 873-3210

FOR OFFICE USE O	NLY:
Sign Permit No. :	
Date Received:	Fee:
Received by:	

SIGN PERMIT APPLICATION

Applicant:	
Name:	
Phone Number:	
Relationship to	
Property Owner:	Email Address:
Applicant's Representat	e:
Name:	
Mailing Address:	
Phone Number:	
Relationship to	
Property Owner:	Email Address:
Property Owner(s):	
Name:	
Phone Number:	Email Address:
Site Information:	
Site information:	Zoning
Business Name:	Zoning Designation:
Address:	
Assessors	
Map/Taxlot #:	

Required Attachments and Information:			
	<u>Site Plan.</u> A sketch of the site, drawn to scale, showing the approximate location of existing structures, existing signs, and the proposed sign(s).		
	<u>Building Evaluations.</u> Drawn to scale, showing the sign(s) relative location and placement.		
	Sign Elevation(s). Illustration drawn to scale, showing the design, elevations, sign face dimensions and area, materials and engineering data which demonstrates its structure stability. The illustration of the sign(s) need not show the sign message, but shall show the size, style, and design of the lettering, numbers, and graphics conveying the message.		
	Proposed Signs must follow the provisions of	Silverton Municipal Code 15.16.000.	
I h pro ap fro bel	operty affected by this application is in the e plicant has the consent of all partners in own	oplication and attachments are correct and that the exclusive ownership or control of the applicant, or that the nership of the affected property. An authorization letter the event that the owner's signature has not been provided	
	Print or Type	Signature	
	Print or Type	Signature	
Ap	oplicant(s) or Authorized Agent:		
	Print or Type	Signature	
	Print or Type	Signature	
	For C	Office Use Only	
Va	ariance Required: 🗌 Yes 🔲 No	Date Variance Granted:	
Bu	uilding Permit Required: Yes No	Electrical Permit Required: Yes No	
Bu	uilding Official Approval:	Date:	
Community Development Approval:		Date:	