## CITY OF BOONE

## APPLICATION FOR SIGN PERMIT

DATE		Permit #	
Applicant Name:			
Address and Phone #			
To Install at			
Address and Phone #			
Sign Erector			
Address and Phone #			
	TYPE Wall Sign Roof Sign Ground Sign		COST (INCLUDING ERECTION)
Width		Length	
Weight		Total Square Feet	
Illuminated YES	NO	How	
Electrician			
Address and Phone #			
What material is sign of	constructed of		
How secured			
Does sign obstruct any	y windows or exits		
A complete set of Plar	ns and Specifications	s shall be submitted with this applica	tion.
Building Official / Inspe	ector		Date