

SIGN PERMIT/ APPLICATION (circle one)

CITY OF AUBURN PLANNING DEPARTMENT

171 N. Ross Street, Suite 100, Auburn AI 36830
(334) 501-3040/FAX (334) 501-7293

CITY OF AUBURN BUSINESS LICENSE NUMBER

APPLICANT NAME

ADDRESS

DAYTIME TELEPHONE

EMAIL

DATE OF APPLICATION

<i>OFFICE USE ONLY</i>		ZONE:
SITE ADDRESS:		
PROJECT NAME:		
CASE #	XREF CASES:	
FREESTANDING SIGNS	WALL SIGNS	
Total Display Area Allowed	Total Display Area Allowed	
Existing Display Area	Existing Display Area	
Display Area Approved Under this Permit	Display Area Approved Under this Permit	
Display Area Remaining	Display Area Remaining	

THIS APPLICATION IS FOR:

- New Sign
- Painting, Repair or Replacement of Existing Sign(s)

THE FOLLOWING SIGN TYPES ARE INCLUDED THIS PERMIT REQUEST:

Freestanding Sign(s):

<i>Dimensions Of Sign Face</i>	<i>Area (s.f.)</i>	<i>Height Of Sign</i>	<i>Base Type</i>	<i>Cladding Material</i>
_____	_____	_____	___ Monument ___ Planter ___ Other	_____
_____	_____	_____	___ Monument ___ Planter ___ Other	_____
<i>Total Area</i>	_____			

Wall Sign(s) (includes signage for accessory structures):

<i>Dimensions</i>	<i>Area (s.f.)</i>	<i>Length of main or entry façade:</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<i>Total Display Area:</i>	_____	_____

Permitted display area:

Multi-Family Residential is 32 s.f.

UC is 1 s.f. linear foot of facade

Other is 2 s.f. linear foot of facade

COMMENTS: _____

DRAWINGS OF ALL PROPOSED SIGNS MUST BE ATTACHED TO THIS APPLICATION OR SKETCHED ON THE BACK OF THE PAGE. FOR ANY FREESTANDING SIGN, A DIAGRAM MUST BE PROVIDED SHOWING THE LOCATION OF THE SIGN ON THE LOT.

Section 909.01. Any person who fails to obtain a zoning certificate or other permit (ie. banner or sign) prior to beginning construction or erecting any structure or sign shall be subject to doubling of all applicable fees.

I, the applicant, by signing below certify that all of the above facts are true and correct to the best of my knowledge. I understand that any incorrect information may void this permit

APPLICANT SIGNATURE:	DATE:
APPLICANT NAME (Please print):	

Issued by/ Received by: _____ Date: _____

SG
Revised 9/04