

SIGN PERMIT

TOWN OF LOXLEY

Nº _____

JOB ADDRESS	MAIL ADDRESS	ZONE	PHONE
OWNER	MAIL ADDRESS		PHONE
CONTRACTOR	MAIL ADDRESS		PHONE
ARCHITECTOR/DESIGNER	MAIL ADDRESS		PHONE
ENGINEER			
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION			

OWNER	JOB ADDRESS
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DESCRIBE WORK:

SQUARE FOOTAGE OF SIGN: _____ LIGHTED

SPECIAL CONDITONS:

SIGNATURE OF CONTRACTOR/AGENT: _____

APPROVED FOR ISSUANCE BY: _____

NOTICE

ALL FREESTANDING SIGNS MUST HAVE DRAWINGS SIGNED AND STAMPED BY ENGINEER.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

PERMIT FEE _____ CHECK# _____ CASH _____ MONEY ORDER _____