

Received Date: _____



Building & Zoning Department

Sign Permit Application

Applicant:

Name: _____

Mailing Address: _____

Phone No: _____

Business Name: _____

Email: _____

Property where sign will be located:

Property Address: _____

Owner Name: _____

Square Feet of Sign _____

Will this be a Temporary or Permanent Sign? (Circle One) Temporary Permanent

If Temporary, when will sign be removed: _____

Sign Type: Monument Freestanding Wall Mounted Hanging Projecting

Other, please describe: _____

Will the sign be lighted? Yes No **If Yes:** Directly Indirectly Internally

Please Attach the Following:

*A copy of the written permission of the owner, or his agent for the placement or maintenance of sign

*A sketch or print drawn to scale showing sign location and details

Applicant agrees that he, she, or it shall indemnify (including attorneys' fees), defend and hold harmless the City of Springfield, its officers, representatives, agents, and employees (collectively the "City") from all suits, claims, or damages of any nature whatsoever which is or is alleged to be caused by or result from the proposed sign or sign structure ("sign").

Applicant Signature

Date

To be completed by Zoning Official:

Parcel Number: _____ Zoning: _____

Is Planning & Zoning Board Approval Needed*: _____ Mtg Date: _____

Fee _____ Invoice Number: _____ Date Paid: _____

Date Approved: _____ (SEAL)

Approval Signature: _____