



**CITY OF MARYVILLE DEVELOPMENT SERVICES  
DEPARTMENT  
APPLICATION FOR SIGN PERMIT**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_  
Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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Total Square Footage of Signage on Freestanding Sign(s) Allowed: \_\_\_\_\_  
Total Square Footage of Signage on Free-Stand Sign(s) Requested: \_\_\_\_\_  
Proposed Free-Stand Sign Height \_\_\_\_\_ ft.  
Proposed Free-Stand Sign Setback From Right-Of-Way / Front **Property Line** \_\_\_\_\_ ft.  
Proposed Free-Stand Sign Setback From Side Property Line \_\_\_\_\_ ft.  
Proposed Type of Free-Stand Sign Face Material: \_\_\_\_\_  
Free-Stand Sign Externally Illuminated?  Yes  No  
Free-Stand Sign Internally Illuminated?  Yes  No  
If checked "YES" location of electric disconnect on free-stand sign: \_\_\_\_\_

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Changeable Copy (Message) Sign?  Yes  No  
Type of Changeable (Message) Sign:  Manual  LED / Electronic  
If LED / Electronic, Proposed Time Message Will Display: \_\_\_\_\_  
Changeable Copy (Message) sign Size \_\_\_\_\_ sq. ft.  
Location of Changeable Copy (Message) Sign  Free-Stand Sign  Building

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Proposed Directional Sign(s)  Yes  No Proposed Directional Sign Size \_\_\_\_\_ sq. ft.  
Proposed Number of Directional Signs \_\_\_\_\_ Proposed Directional Sign Height \_\_\_\_\_ ft.

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Multi-Tenant Building?  Yes  No Proposed Number of Building Signs: \_\_\_\_\_  
Total Store Frontage: \_\_\_\_\_ Total Square Footage of Store Frontage Signage Requested: \_\_\_\_\_  
Total Square Footage of Wall Sign(s) Allowed: \_\_\_\_\_  
Total Square Footage of Wall Sign(s) Requested: \_\_\_\_\_  
Proposed Type of Building Sign Face Material: \_\_\_\_\_

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I HEREBY ACKNOWLEDGE BY MY SIGNATURE BELOW THAT THIS APPLICATION, ALONG WITH THE SUPPORTING DOCUMENTATION IS COMPLETE AND ACCURATE AND THAT I AM THE BUSINESS OWNER OR AUTHORIZED SIGN CONTRACTOR (CIRCLE ONE) FOR THE BUSINESS.

\_\_\_\_\_  
Name Date