



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

SIGN PERMIT APPLICATION

PERMIT # _____

Please Note: One (1) Sign Permit Application is required per sign.

SITE ADDRESS: _____

BUSINESS NAME: _____ **PARCEL #:** _____

FOR WALL SIGNS: Two (2) Sets of Drawings Required

1. _____ Elevation drawing drawn to scale of the entire building façade to which the sign will be attached.
2. _____ The total height of the wall façade not including the roof.
3. _____ The total width of the wall façade, including all tenant spaces.
4. _____ The location and dimension of all existing signs on the wall façade, including all tenants, if the structure is a multi-tenant building.
5. _____ The dimensions of the proposed signage (height and width) and location of the proposed signage.
6. _____ Mounting detail depicting materials, bolting, frequency, brackets, etc.

FOR FREESTANDING SIGNS: Two (2) Sets of Drawings Required

1. _____ Elevation drawing to scale of the sign depicting the total height of the sign, total width of the sign, and the dimensions of the sign box.
2. _____ Site plan drawn to scale depicting the proposed location of the sign in relation to existing structures, property lines, driveway entrances and public street frontage. Illustrate the total length of the street frontage for the parcel.
3. _____ Structural plans which include the foundation detail.

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ Email address: _____

Will the applicant be the contact person? YES or NO If other, please specify below:

Contact person: _____ Daytime Phone: _____

Mailing Address: _____

City/State/Zip: _____

CONTRACTOR: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ License No.: _____

Expiration Date: _____

TYPE OF SIGN: (please circle) WALL SIGN POLE SIGN MONUMENT SIGN

WORK DESCRIPTION: _____

BUILDING HEIGHT: _____ **BUILDING WIDTH:** _____

SIGN WIDTH: _____ **SIGN HEIGHT:** _____ **TOTAL SF:** _____ **SIGN DEPTH:** _____

DEPTH OF FOOTING: _____ **NUMBER OF SIGN FACES:** _____

ESTIMATED VALUE OF SIGN(S) AND INSTALLATION: \$ _____

LINEAR PUBLIC STREET FRONTAGE: _____

Is the sign permit application a result of a change in the business name or location? (please circle) **YES** **NO**

Does the property owner/tenant have a valid City of Lakewood business license? (please circle) **YES** **NO**

If so, what is the business license number? BL0 _ - _ - _ - _ - _

PLEASE NOTE:

- The cumulative sign area of all wall signs including awning, marquee and projecting signs shall not exceed ten (10) percent of the building façade to which the sign(s) is attached, with no individual sign or cluster of individual signs larger than two hundred (200) square feet. Wall signs may be placed on any side of the building(s).
- The maximum free-standing signage is based on the cumulative amount of linear public street frontage of a parcel. Section 18A.50.655.C of the City of Lakewood Land Use and Development Code outlines the code regulations for free-standing signs.
- All signs require inspections for mounting, foundation, framing and finals. Inspection requests can be made by calling the inspection line: (253) 512-2266. All requests must be made on the day before the applicant wants the inspection.

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner

Date

OFFICE USE ONLY:

BUSINESS LIC #: _____ **CONTRACTOR BLIC #:** _____

TITLE: _____ **BIN #:** _____

ZONE: _____ **ZONING USE TYPE:** _____

DATE PERMIT APPLICATION RECEIVED: _____ **RECEIVED BY:** _____