## CITY OF MARYVILLE DEVELOPMENT SERVICES DEPARTMENT 416 West Broadway Ave., Maryville, TN 37801 865-273-3500 APPLICATION FOR SIGN PERMIT

PROJECT LOCATION / ADDRESS:			
APPLICANT / PERMIT HOLDER		Contractor	Tenant 🗆
	NAME:		
Ř	ADDRESS:		
ACT			
CONTRACTOR	PHONE:		
8	FAX:		
	E-MAIL:		
	NAME:		
	ADDRESS:		
TENANT			
	PHONE:		
	FAX:		
	E-MAIL:		

FREE-STANDING SIGN					
Total sq ft Requested:	al sq ft Requested: Total sq ft Allov		Sign Height:	ft	
Setback from Right-of-Way/Front PL: ft		Setback from S	Side PL:		
Sign Face Material:					
Sign Illumination: Internal	External 🗆	Location of Ele	ct Disconnect:		

CHANGEABLE COPY (MESSAGE) SIGN				
Total sq ft Requested:	Location:	Building 🗆	Freestanding Sign 🗆	
Type Changeable Copy Sign: Manual  LED/Electronic				
For LED or Electronic indicate time message will display:				

DIRECTIONAL SIGN			
Directional Signs Proposed: Yes  No	Number of Directional Signs:		
Proposed Size: sf	Directional Sign Height: ft		

MULTI-TENANT BUILDING SIGNS				
Proposed number of Building Signs:	Total Store Frontage: ft			
Total Square footage of Store Frontage Requested: sf				
Total sq ft Requested: Total sq ft Allowed:				
Sign Face Material:				

OFFICE USE ONLY				
Zone:	Sign installed prior to permit: Yes  No			
Drawings Submitted: Yes □ No □ Not R'qd	Drawings Attached: Yes □ No □ Not R'qd			
Design Review Board Approval: Yes  No No NA				
PERMIT FEE: \$				

I hereby certify by my signature that this application, along with the supporting documentation is complete and accurate and that I have been authorized by the property owner to make this application and to install the signs herein applied for.

(Signature of Applicant / Permit Holder)

(Print Name)

(Date)

Application Approved\*: \_

(Code Official)

(Date)