

**CITY OF UNION  
Application For Sign Permit**

**FOR OFFICE USE ONLY**

DATE APPLICATION SUBMITTED \_\_\_\_\_ REC'D BY: \_\_\_\_\_

DATE APPLICATION COMPLETED \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

DATE OF COMP'D REVIEW \_\_\_\_\_ STATUS OF REVIEW: \_\_\_\_\_

**FEE: Same as Bldg. Permit Schedule. (If illuminated, will require an electrical permit)**

1) NAME OF APPLICANT \_\_\_\_\_

2) APPLICANT'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

3) APPLICANT'S PHONE # \_\_\_\_\_

4) REPRESENTATIVE OF APPLIANT \_\_\_\_\_

5) REPRESENTATIVE'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

6) REPRESENTATIVE'S PHONE # \_\_\_\_\_

7) STREET ADDRESS OF SUBJECT PROPERTY \_\_\_\_\_

8) NEAR-BY REFERENCE POINTS TO PROPERTY \_\_\_\_\_

9) SUBJECT PROPERTY'S TAX ID # \_\_\_\_\_

10) ZONING DISTRICT \_\_\_\_\_

**SUBMIT A SITE PLAN SHOWING THE LOCATION, SIZE, HEIGHT, ILLUMINATION AND MATERIALS TO BE USED AND ANY OTHER INFORMATION DEEMED NECESSARY BY THE CITY OF UNION PLANNING DEPARTMENT.**

**I HEREBY AUTHORIZE THE PERSON LISTED IN ITEM 4 ABOVE TO REPRESENT ME IN ANY AND ALL ACTIONS PERTAINING TO THIS APPLICATION.**

**THE UNDERSIGNED DOES HEREBY VERIFY THAT THEY ARE THE APPLICANT THERE OF AND ACCEPTS RESPONSIBILITY FOR ACCURACY AND GIVES THE CITY OF UNION PERMISSION TO OBTAIN WHATEVER INFORMATION IS NECESSARY TO REVIEW THIS APPLICATION.**

\_\_\_\_\_  
NAME OF APPLICANT/AGENT

\_\_\_\_\_  
DATE