



Planning Department
970-224-3211

SIGN PERMIT CHECKLIST

Case#: SG-____-____

Proj. Name: _____
(Fee Agreement)

I. Contact Information *(please attach any additional contacts)*

Owner: _____ Telephone: _____
 Address: _____ Fax: _____
 _____ E-mail: _____

II. Contractor/Company Name

Applicant: _____ Telephone: _____
 Address: _____ Fax: _____
 _____ E-mail: _____

III. Contractors License Yes No

Description of location of sign

Development: _____
 Address or Location: _____

 Zoning: _____ Use: _____

IV. Purpose of Sign:

V. Certification: *Must be signed with BLUE INK.*

I certify that I am the lawful owner of the parcel(s) of land which this application concerns and consent to this action.

Owner: _____ Date: _____

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Applicant: _____ Date: _____

Applicant, please do not write below this line.

Fee(s) Paid		Date:		Check #:		Received By:	
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APP.	TOWN
<input type="checkbox"/> Application Fee; CK#: _____; Amt: \$ _____, plus any building permit fees	<input type="checkbox"/>
<input type="checkbox"/> Attach Names and Addresses, if applicable	<input type="checkbox"/>
<input type="checkbox"/> Site Plans	<input type="checkbox"/>
<input type="checkbox"/> Detailed Drawing	<input type="checkbox"/>
<input type="checkbox"/> Graphic Drawing or Photograph of the Sign Copy	<input type="checkbox"/>
<input type="checkbox"/> Description of the Lighting to be Used, if applicable	<input type="checkbox"/>
<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/>
<input type="checkbox"/> Written Lease or Permission, if applicable	<input type="checkbox"/>

Date Submitted to Town: _____

Application Certification of Completion	<input type="checkbox"/>
<input type="checkbox"/> Address Application Deficiencies, <i>if applicable</i>	<input type="checkbox"/>

TOWN CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____

Permit Conditions:

Staff Review and Approval

- Approval
- Deny

Signed: _____ Date: _____

Please submit sign permits to planning@timnathgov.com for processing.

If you have any questions regarding the sign permit process, please refer to the Land Use Codes, Article 7 – Signs, or call the Timnath Planning Department, 970.224.3211.