



Planning Department
970-224-3211

SIGN PERMIT CHECKLIST

Project Name:

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

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

II. Contractor/Company Name

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

III. Contractors License Yes No

IV. Type of Sign *(please refer to Article 7 of the [Timnath Land Use Code](#)):* _____

V. Location of Sign

Development Name: _____ Property Address: _____
 Zoning District: _____ Land Use: _____

VI. Sign Specifications *(please provide all that apply)*

Per sign requested provide the following:

	Town Requirement	Proposed Signage
Sign Area		
Sign Height		
Lettering Height(s)	N/A	
Lineal Feet of Building Frontage	N/A	

VII. 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: _____



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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 (must be drawn at a scale of 1"=20' and include distances from lot lines)	<input type="checkbox"/>
<input type="checkbox"/> Detailed Drawing (shall include the applicable code requirements and how they are being met)	<input type="checkbox"/>
<input type="checkbox"/> Graphic Drawing or Photograph of the Sign Copy (includes materials, colors, and dimensions)	<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: _____

<p>Staff Review and Approval</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Approved w/ Conditions</p> <p><input type="checkbox"/> Deny</p> <p>Signed: _____ Date: _____</p>	<input type="checkbox"/>
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Permit Conditions:

Please submit sign permits to planning@timnathgov.com for processing. A building permit may be required for any electrical or structural elements.

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