

SIGN PERMIT

TOWN OF LOXLEY

OWNER

JOB ADDRESS

JOB ADDRESS	MAIL ADDRESS	ZONE	PHONE
OWNER	MAIL ADDRESS		PHONE
CONTRACTOR	MAIL ADDRESS		PHONE
ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE
ENGINEER			
CLASS OF WORK:	<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> ALTERATION
DESCRIBE WORK:			
SQUARE FOOTAGE OF SIGN:		<input type="checkbox"/> LIGHTED	

SPECIAL CONDITIONS:

SIGNATURE OF CONTRACTOR/AGENT _____

APPROVED FOR ISSUANCE BY: _____

NOTICE

ALL FREESTANDING SIGNS MUST HAVE DRAWINGS SIGNED AND STAMPED FOR 110 MPH WIND LOAD BY AN ENGINEER.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

PERMIT FEE _____ CHECK # _____ CASH _____ MONEY ORDER _____