

SIGN APPLICATION



Building Department
 2224 104th Ave E
 Edgewood, WA 98372
 253.952.3299
 permits@cityofedgewood.org

FILE NUMBER: _____

SIGN TYPE: FREESTANDING PERMANENT WALL TEMPORARY OTHER: _____

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
PROJECT DESCRIPTION		
PROJECT DETAILS		
Sign Height:	Sign Width:	Total Square Footage of Sign:
Number of Faces:	Building Height:	Depth of Footing:

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____

Owner Agent/Other

Signature: _____

Date: _____