



Public Works
 14525 Main St NE
 Duvall, WA 98019
 (425) 788-3434 Fax: (425) 788-0311

PERMIT # _____

Sign Permit Application

Permit Name: _____ Parcel No. _____

Permit Address: _____ Contact phone # _____

Describe the scope of work **in detail:** _____

Building Owner/Developer	
Name:	
Manager/Contact Person:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Contractor	
Company Name:	
ID#:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Sign: (Scale 1" = 20') 2 color & 2 copies, minimum size 8 1/2" x 11". Includes:

- Show view of sign, as it will appear on building.
- Show weight and dimensions.
- Provide cross section showing foundation, structural members (studs, beam, post, wall) and how attached (bolts, screws, lags nails, welds) to building and into what framing member.
- Show what kind of material sign is made of, include color, whether lighted or not and all structural components. (size included)

TOTAL CONSTRUCTION COST ESTIMATE: \$ _____

Applicant: OWNER OWNER'S AGENT CONTRACTOR CONTRACTOR'S AGENT

I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City Ordinances and State Building Codes. I, hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am owner of said property, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and I am acting with the owner's/contractor's consent.

Print name _____ Date _____ Signature _____ Date _____

Application expires 180 days after submittal date.

OFFICE USE ONLY (Please do not write below this line)

PLANNING: Planning Approval _____ Date _____

Conditions: _____

BUILDING: Permit fee _____ Plan check fee _____ Total fees \$ _____

Building Department Approval _____ Date _____

Conditions: _____