

SIGN PERMIT APPLICATION

Permit # _____

Washington County Building & Development Services

1 Government Center Place, Suite A
Abingdon, VA 24210



Phone: 276-525-1340 Fax: 276-525-1309
buildhelp@washcova.com

TYPE OF WORK

New Replace Existing Sign

WORK DESCRIPTION

JOB SITE INFORMATION

Job Address: _____
City/State/Zip: _____, _____, _____
Development Name: _____ Type: _____
Job Site Phone #: (_____) _____
Tax Map/Parcel # _____

PROPERTY OWNER

Name: _____
Mailing Address: _____
City/State/Zip: _____, _____, _____
Phone #: (_____) _____

APPLICANT (Check if) Owner Contractor Agent

Applicant Name: _____
Phone: _____ Cell: _____
Email: _____

MECHANICS LEIN AGENT

Name: _____
Address: _____
City/State/Zip: _____, _____, _____
Phone: (_____) _____

FREESTANDING SIGNS

Number of Existing Sign(s) _____
Area of New Sign(s):
1. _____ sq. ft. 2. _____ sq. ft.
Dimensions of New Sign(s):
1. _____ ft. x _____ ft.
2. _____ ft. x _____ ft.
Proposed Height of New Sign(s):
1. _____ ft. 2. _____ ft.
*Type of Illumination _____

If sign is illuminated, electrical permit is required.

BUILDING MOUNTED SIGNS

Length of Building _____ ft.
Area of Existing Sign(s) _____ sq. ft. (If existing sign(s) are being replaced)
Area of New Sign(s):
1. _____ sq. ft. 2. _____ sq. ft.
3. _____ sq. ft. 4. _____ sq. ft.
5. _____ sq. ft. 6. _____ sq. ft.
*Type of Illumination _____

If sign is illuminated, electrical permit is required.

CONTRACTOR INFORMATION

Business Name: _____
Address: _____
City/State/Zip: _____, _____, _____
Phone #: (_____) _____
State License #: _____ Exp. Date: _____
Estimated Cost of Construction \$ _____

Land Disturbance (grading) over 10,000 sq. ft. Yes No

ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE

- Two (2) Copies of Construction Plans
- Site Plan
- Proof of Ownership (Tax Ticket or Recorded Deed)

I hereby certify that I am the owner of the record herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant: _____
Signature

Date: _____

FOR COUNTY USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____
BUILDING PERMIT FEE \$ _____ ZONING COMPLIANCE FEE \$ _____ TOTAL FEE AMOUNT \$ _____
PARCEL ZONING: _____ FH DISTRICT: YES NO AIR SAFETY DISTRICT: YES NO MAG. DISTRICT: _____