

Received Date _____

Town of Estes Park

Permit Number S- _____

Received By _____

Sign Application / Permit

Permit Expires _____

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517

General Info (970) 577-3726 • FAX (970) 586-0249 • www.estesnet.com/ComDev/

Job Address: _____ **Parcel #:** _____

Business Name: _____ **Town License:** _____ **Phone:** _____

Business Owner: _____ **Phone:** _____

Property-Owner Name: _____ **Phone:** _____ **Owner's Permission Slip:** Yes No

Address: _____
 (Street) (City) (State) (Zip Code)

Sign Company: _____ **Town License #:** _____ **Phone:** _____

Address: _____
 (Street) (City) (State) (Zip Code)

Who will install sign? Sign Company Owner Other: _____ Town License # _____

New Addition Alteration Temporary Signs to be removed:

Provide linear feet of building frontage of business: _____ ft. # of stories: _____

Note: Max total sign area is 1.5 sq. ft. of linear feet of building frontage of business, .75 sq. ft. for 2nd floor.
 Note: Max 150 sq. ft. of sign area per business.

Provide total square feet of all existing signs for business: _____ sq. ft.

Provide square feet area of proposed sign: _____ sq. ft.

Provide new total square feet of signs for business: _____ sq. ft.

Sign Type: Wall Free-Standing Window Awning / Canopy Other: _____

Plot Plans Required except for Wall and Window Signs. Note: Plot plans to include property lines, location and setbacks of proposed sign.

For Wall and Window Signs provide graphic that shows location of proposed signs on building.

Provide graphic representation with dimensions and height of proposed sign.

Note: Height is measured from original grade. Height restrictions vary by zoning & sign type. Max 25'

Note: Utility Locates are property owners responsibility, call 1-800-922-1987

Electrical Involved: No Yes – State & Town License Required. *State Permit and Inspection Required.*

Is Sign Illuminated?: No Yes - Indirectly Internally; Must Comply with EVDC 7.9. Provide Cut sheets for lights.

Note: Illumination restricted to lot. Direct illumination including Neon is prohibited, except for open / vacancy signs not exceeding 2.5 sq. ft.

Total Valuations (Labor & Materials)
\$ _____

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I **UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.**

Contractor Owner Tenant

Signature _____ Date _____ Print Name _____

*** Office Use Only ***

Jurisdiction: _____ Applicable Code: _____ Zoning: _____ Overlay Zoning: _____ (e.g. FPDP, geo-hazard, historic district, EPURA)

Total allowable square feet for business: _____ this frontage (max. 150 per business) Sign Type: _____ Sign Class: _____ Go to Matrix

Special Requirements: Engineering / Building Permit Required Sanitation Required Life Safety

Min. Setback F _____ S _____ R _____ Max. Height _____ Temp date: _____

<input type="checkbox"/> Conforming <input type="checkbox"/> Legally Non-Conforming <input type="checkbox"/> Ill-legally Non-Conforming	Fee	\$ 75.00
<input type="checkbox"/> Prohibited <input type="checkbox"/> Exempt <input type="checkbox"/> Denied <input type="checkbox"/> Permitted	County Tax	
Building Official	Date	Total