

## **Sign Permit Application**



2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375

Project Address:						
Business Name: _						
*Please fill out separa	ate applications for each	h different sign type*				
Type of Sign(s):	Freestanding/	Monument/Direction	nal Wall/Surfa	ce Mounted I	Billboard Other	
Attachments:	Site Plan	Building Elevation	(s) Sign Elev	ration Drawings	Sign Photographs Attachments	
Business Property Owner:			Sign Contractor:			
Business Address:		Property Owner Address:			Sign Contractor Address:	
Business Phone#: ( )		Property Owner Phone#: ( )			Sign Contractor Phone#: ( )	
Electrician :				License #:		
Proje	ect Size	Project Cost	Pro	ject Size	Project Cost	
Sign #1	Total	Total	Sign #4	Total	Total	
	Height:	_ Cost:	Total sqft.:			
Sign #2 Total sqft.:	Total Height:	Total Cost:	Sign #5 Total sqft.:	Total Height:	Total Cost:	
Sign #3 Total sqft.:	Total Height:	Total Cost:	Sign #6 Total sqft.:	Total Height:	Total Cost:	
Owner or Authorized Agent:  I hereby certify that the information provided above and in the attachments is true and accurate. I further understand that any false information given will render null and void any permit(s) issued based on the information provided.						
Owner/Agent Signature Printed Name			Phone N	Phone Number E-Mail Address		
OFFICE USE ONLY						
		☐ Approved				
Permit #:		Intake Date:		Staff Initials		