



Banner Permit Application



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

Project Application
Date: _____

Project Application
Number: _____

Project
Address: _____

Tax Account
ID #: _____ - _____ - _____

Business
Name: _____

Property
Owner Name: _____

Business Phone #: () _____

Property Owner Phone #: () _____

Business
Address: _____

Property
Address: _____

Include a photograph or detailed drawing of the proposed banner sign and a site plan or location map illustrating where banner will be placed or positioned on the property. Provide a distance to the street right-of-way.

Banner Dimensions:

Height: _____ Width: _____ Total Square Footage: _____

Owner or Authorized Agent:

I hereby certify that I am the owner of the property or the property owner's authorized agent and that the information provided above and in the attachments is true and accurate. I understand that any false information will render null and void any permit issued based on the information provided.

Signature

Phone #

Printed Name

E-Mail Address

A banner is limited to the premise of the business it serves:

Three permits per calendar year at 30 days per permit are allowed for banners not exceeding 60 square feet in area as per Section 7.5.20 D of the Unified Development Code (UDC). Banners are allowed in the following districts, subject to the standards of the subsection: "CN" Neighborhood Commercial; "CR" Resort Commercial; "CG" General Commercial; "CI" Commercial Intensive; "CBD" Downtown Commercial; and the "IO" Island Overlay. **Multi-family** properties may be permitted one banner sign of an unlimited size, not to exceed 30 days, once a year. For the "CR-2" District, Banners are not to exceed 20 square feet and may be permitted for a period not to exceed 30 days from the time of certificate of occupancy. For the "CR-3" District, banners shall not be located in the setback areas or exceed 20 square feet.

Duration of the 30-day permit period:

From ____/____/____ to ____/____/____

(Additional information required on the reverse side)

OFFICE USE ONLY

Zoning : _____ **Placed in Yard Area: Yes/No** **Attached to Building: Yes/No**
Reviewed By: _____ **Approved:** _____ **Not Approved:** _____
Comments: _____

	<p>Intake Date: _____ Time: _____</p> <p>Application Number: _____</p> <p>Staff Initials: _____ Review Date: _____</p>
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