

CITY OF CLINTON
Department of Community Development
Sign Permit Application

Date:
Name of Applicant:
Contact:
Address:
Phone #:
Applicant Signature:
Property Owner:
Address:
Phone:
\*Sign Contractor:
\*Address:
\*Phone:
\*Please note:
1. \*Rendering of sign must be attached
2. \*If replacing a sign, a rendering of the existing sign must also be attached

Location of Sign
Total square footage of existing signs to remain :
\*Will this Sign be lighted?
\*New Sign Dimensions
Wall:
Height: Width:
Total Sq. Ft.
Monument:
Height: Width:
Total Sq. Ft.
\*Lineal Ft. of building or space to be leased that faces public street:
\*Contract Cost:
Zoning District:
\*ALL FIELDS MUST BE COMPLETED

Sign is: APPROVED: DENIED: By:
Comments:
Permit Cost: Received by:
Revised 2014

For office use only
Admin. Fee:
Lighted:
Size:
Banner:
Total: