

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
3. *Site plan must be provided

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: (Date) DENIED: (Date) By:
Comments:
Permit Cost: Received by:
Revised 2014

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