

CITY OF COTTONWOOD SHORES
SIGN PERMIT APPLICATION

APPLICATION NO: _____ DATE: _____

OWNER: _____ PHONE: _____

PROPERTY ADDRESS: _____

LOT (S): _____ SECTION: _____

ZONE/USE CODE: _____
(MUST BE C-2 / COMMERCIAL)

CONTRACTOR ERECTING STRUCTURE:

NAME: _____

ADDRESS: _____

PHONE: _____ TAX I.D. NO.: _____

CWS SIGN LICENSE NO.: _____

AUTHORIZED REPRESENTATIVE: _____

NEW CONSTRUCTION/CLEAN UP DEPOSIT:

REFUNDABLE PROVIDED CONSTRUCTION AND CLEAN UP ARE COMPLETED WITHIN SIXTY (60) DAYS \$200.00 \$ _____

PERMIT FEE SCHEDULE:

SQUARE FOOT

UP TO 40 \$ 25.00 \$ _____

41 UP TO 60 \$ 50.00 \$ _____

61 AND LARGER \$ 1.00 PER SQ. FT \$ _____

IF ANY WORK IS STARTED OR PROCEEDED WITHOUT A PERMIT FIRST BEING OBTAINED, THE ABOVE SPECIFIED PERMIT FEE SHALL BE DOUBLED AND PAID FOR THE REQUIRED PERMIT.

INSPECTION FEE SCHEDULE:

ILLUMINATED SIGNS ONLY \$ 100.00 \$ _____

TOTAL FEES DUE BY OWNER / CONTRACTOR: \$ _____
(DEPOSIT, PERMIT AND/OR INSPECTION)

PAYMENT RECORD:
DATE PAID: _____ AMOUNT: \$ _____
CASH/CHECK #: _____ NAME ON CHECK: _____

ELECTRICAL SUB-CONTRACTOR PERMITS:

PERMIT FEE IS \$40.00 PER SUB-CONTRACTOR:

NAME	LIC/CERT #	PHONE #	BOND CONFIRMATION
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PAYMENT RECORD:
ELECTRICAL:
DATE PAID: _____ AMOUNT: \$ _____
CASH/CHECK #: _____ NAME ON CHECK: _____

PLANS, SURVEY, SPECIFICATIONS:

ALL APPLICATIONS FOR PERMITS SHALL CONTAIN OR HAVE ATTACHED THERETO THE FOLLOWING INFORMATION:

- TWO (2) SETS OF PLANS SHOWING THE SIGN LOCATION IN RELATION TO NEARBY BUILDINGS OR STRUCTURES, SIGNS, PROPERTY LINES, DRIVEWAYS, PUBLIC STREETS, FENCES, AND/OR SIDEWALKS.
- TWO (2) BLUEPRINTS OR INK DRAWINGS OF THE PLANS AND SPECIFICATIONS SHOWING METHOD OF CONSTRUCTION, ATTACHMENT TO THE BUILDING OR GROUND, SIZE, TYPE, HEIGHT, CONSTRUCTION MATERIALS, AND SUCH OTHER MATERIALS, AND SUCH OTHER INFORMATION AS THE BUILDING OFFICIAL MAY REQUIRE. THE BUILDING OFFICIAL MAY REQUIRE PLANS TO BE PREPARED BY A REGISTERED PROFESSIONAL ENGINEER WHO IS REGISTERED BY THE STATE OF TEXAS OR AN ARCHITECT LICENSED BY THE STATE OF TEXAS.
- ONE (1) COPY OF STRESS SHEETS AND CALCULATIONS SHOWING THE STRUCTURE AS DESIGNED FOR DEAD LOAD AND WIND PRESSURE IN ANY DIRECTION IN THE AMOUNT REQUIRED BY THIS ORDINANCE, AND ALL OTHER LAWS AND CODES OF THE CITY.

- A WRITTEN STATEMENT FROM THE PROPERTY OWNER GIVING PERMISSION FOR THE ERECTION AND MAINTENANCE OF THE SIGN AND HOLDING THE CITY HARMLESS FROM ANY DAMAGES WHICH MIGHT BE CAUSED BY THE SIGN (FOR OFF-SITE, FREE STANDING SIGNS ONLY).
- COST OF ESTIMATED VALUE OF THE SIGN.
- SUCH OTHER INFORMATION AS THE BUILDING OFFICIAL SHALL REQUIRE TO SHOW FULL COMPLIANCE WITH THIS ORDINANCE AND ALL OTHER LAWS AND CODES OF THE CITY.

IMPROVEMENTS DETAILED HEREIN MUST BE COMPLETED WITHIN SIXTY (60) DAYS FROM THE DATE THIS PERMIT HAS BEEN APPROVED BY THE CITY BUILDING OFFICIAL, OTHERWISE THIS PERMIT SHALL BECOME NULL AND VOID.

THE APPLICANT HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS PERMIT AND ALL APPLICABLE ATTACHMENTS, INCLUDING THE SIGN REGULATION ORDINANCE. THE CITY'S BUILDING OFFICIAL MUST BE CONTACTED WHEN ERECTION OF THE SIGN IS COMPLETE AND THE OFFICIAL SHALL MAKE AN INSPECTION TO DETERMINE IF THE SIGN CONFORMS TO THE PERMIT.

SIGNATURE OF PERMIT APPLICANT

MAILING ADDRESS

BUILDING OFFICIAL ACTION:

APPROVED: _____ DISAPPROVED: _____ DATE: _____

BUILDING OFFICIAL

CITY HALL REPRESENTATIVE

IF DISAPPROVED, REASONS FOR DISAPPROVAL:
(CORRECTABLE: ___YES___NO)

ELECTRICAL INSPECTOR RECORD:
(ILLUMINATED SIGNS ONLY)

COPY OF APPLICATION & PLANS GIVEN ON: _____

A COPY OF THIS APPLICATION INCLUDING THE PLANS AND SPECIFICATIONS RESPECTING ALL WIRING AND CONNECTIONS SHALL BE SUBMITTED TO THE ELECTRICAL INSPECTOR FOR EXAMINATION TO DETERMINE IF THE SAME COMPLIES WITH THE ELECTRICAL CODES OF THE CITY. IN ADDITION, ALL ILLUMINATED SIGNS SHALL BEAR THE UNDERWRITERS' LABORATORY LABEL OR BE BUILT TO COMPLY WITH THE UNDERWRITERS' REQUIREMENTS. THE BUILDING OFFICIAL MUST OBTAIN APPROVAL BY THE ELECTRICAL INSPECTOR PRIOR TO THE APPROVAL AND ISSUANCE OF ANY SIGN PERMIT.

ELECTRICAL INSPECTOR ACTION:

APPROVED: _____ DISAPPROVED: _____ DATE: _____

ELECTRICAL INSPECTOR

CITY HALL REPRESENTATIVE

IF DISAPPROVED, REASONS FOR DISAPPROVAL:
(CORRECTABLE: ___ YES ___ NO)

PAYMENT RECORD:

DATE: _____ INVOICE NO.: _____ AMOUNT: \$ _____

DATE PAID: _____ CHECK NO.: _____

DATE: _____ INVOICE NO.: _____ AMOUNT: \$ _____

DATE PAID: _____ CHECK NO.: _____