

SIGN PERMIT	APPLICATION
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Section 1				
Date:	Applicat	ıt:	Phone: ()	
Mailing Addres	ss: Town & Zip:			
*********	*****	******	******	*****
Section 2		<b>D</b>		
Address of Sigi	n:	Property owner:		
Mailing Addres	ldress of property owner: Town & Zip:			
Phone: ()	Leg	al description of property where the si	ign is located: Lot	Block
******	*****	*****	******	*****
Section 3				
Contractors Lic	cense may be required.	Contact Building Official for details.		
Contractor:		Mailing Address:	Phone:	()
Town & Zip: _	p:New Castle Contractors License number: #			
*****	*****	*****	******	*****
Section 4				
Type of Installa	ation			
Residential:	New Repair	Total sq. footage of sign:	(01	ne side only)
Commercial:	New Repair	Total sq. footage of sign:	(or	ne side only)
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## Section 5

Please attach to sign permit:

- 1) Legible accurately scaled site plans which include the specific location of the sign and setbacks to adjacent property lines and buildings
- 2) A detailed accurately scaled drawing indicating the dimensions, materials and colors of the proposed sign structure (A certification by a structural engineer may be required by the Building Official for a freestanding sign or projecting sign)
- 3) A graphic drawing or photograph of the sign copy
- 4) A description of the lighting to be used including a listing of the energy conservation measures in sign (light fixture type(s), materials used, etc.) fixture specifications, bulb type, wattage and placement, and an estimate of energy consumption by the sign
- 5) Proof of premises liability insurance covering freestanding signs, projecting and wall signs. If sign is to be located Sign Permit-Modified 5/2/2011

off the premises advertised, a written lease or permission from the property owner of the site on which the sign will be located

6) Sign permit fee as established by the current fee schedule (to be determined by staff)

## Section 6

Is the sign electrified? Yes No If yes, the sign must be inspected by a State of Colorado Electrical Inspector prior to installation and approval of Town Sign Permit. To schedule an appointment with an electrical inspector call: (970) 625-5085 or apply on line at www.dora.state.co.us/electrical

## Section 7

I certify that the proposed sign installation will conform to the dimensions shown and uses stated and that no changes will be made without obtaining approval. I agree to pay all costs billed by the Town of New Castle including review fees by outside consultants:

Date	e:	Date:
Property Owner Signature	App	licant Signature
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	For Office Use Onl	у:
Fee: Base \$ 35.00 + [(no. o	of sq. ft.) x 2.50] = \$	
Paid: Check (Check No	) Cash	Receipt No.:
******	·*************************************	*****************
Town Administrator Sign Permit Approval Sign	nature:	Date:
Reason for denial of Sign Permit:		
		Date: