

**CITY OF SENECA
SIGN PERMIT**

1. Application must be completed by applicant or authorized representative.
2. Free standing signs must include foundation plans, if required by the City Building Official.
3. Applicant must include two copies of a sketch of the parcel on which the sign is located, including information as shown in attachment.
4. Application must be accompanied by structural drawings of sign (one for building sign, two for free standing sign), if required by the City Building Official.

NAME OF BUSINESS: _____

LOCATION OF SIGN: _____ TAX MAP #: _____

SIGN COMPANY: _____ PHONE #: _____

OWNER/DEVELOPER: _____ PHONE #: _____

ROAD FRONTAGE: _____ LINEAR FEET MAXIMUM # FREE STANDING SIGNS PERMITTED: _____

FRONT BUILDING SURFACE: _____ SQ. FT. SIDE BUILDING SURFACE: _____ SQ. FT.

	SIZE SHOWN ON PLAN		MAXIMUM SIZE PERMITTED		COST
FREE STANDING SIGN:	_____	SQ. FT.	_____	SQ. FT.	_____
WALL SIGNS:	_____	SQ. FT.	_____	SQ. FT.	_____
	_____	SQ. FT.	_____	SQ. FT.	_____
	_____	SQ. FT.	_____	SQ. FT.	_____

MINIMUM SET BACK TEN FEET FROM RIGHT-OF-WAY MAXIMUM HEIGHT PERMITTED 30 FEET

MATERIAL: METAL WOOD NEON PLASTIC OTHER (SPECIFY): _____

ELECTRICAL: YES NO UL # _____

FEE: \$20.00 up to \$5,000, \$2.50 per \$1,000 thereafter up to \$50,000, \$2.00 per \$1,000 thereafter up to \$100,000

STANDARD BUILDING CODE – CHAPTER 23
2301.3.1: An outdoor advertising display sign shall not hereafter be erected, construed, altered, or maintained except as provided in this Code, until after permit for the same has been issued by the City Building Official as required in 103 and the applicable fee paid.

Owner and/or Agent agrees to conform to the City of Seneca Zoning Ordinance and applicable provisions of the Standard Building Code and the Electrical Code of the City of Seneca, and that owner/or agent will comply with all restrictions, codes, noted on the permit.

PRINT NAME OF OWNER/AGENT: _____ DATE: _____

SIGNATURE OF OWNER/AGENT: _____

APPROVED ZONING ADMINSTRATOR: _____ DATE: _____

APPROVED CITY BUILDING OFFICIAL: _____ DATE: _____

TOTAL AMOUNT DUE: \$ _____