

**CITY OF CANNON BEACH
SIGN PERMIT APPLICATION**

Please fill out this form completely. Please type or print.

Sign Permit #: _____

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Business Name: _____

Telephone: _____

Location Address: _____

Map No.: _____ Tax Lot No.: _____

Sign Description

Is sign freestanding? Yes No (*Freestanding signs must be approved by the Design Review Board.*)

Is business part of a mall? Yes No How many businesses in mall? _____

Lineal Feet of Business Frontage (*see definition on reverse side*): _____

Lineal Feet of Site Frontage (*see definition on reverse side*): _____

Proposed Sign Dimensions: Attach scale drawing, showing all structural elements. If affixed to a building please include detailed information on how the sign will be attached.

Total square feet of sign face area: _____ Largest letter height: _____

Sign height from ground: _____

Colors: _____

Materials used in sign: _____

Location of sign on property: _____

Attach size and dimensions of all other signs located on building or property pertaining to this business.

Application Fees:

Base Sign Fee \$50

Building Permit \$68.88*

Freestanding Fee \$50

* Minimum fee, may be higher

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

Continue of Reverse Side



Definitions:

“Business frontage” means the lineal frontage of a building or portion thereof devoted to a specific business and having an entrance open to the general public;

“Site frontage” means the length of the property line parallel to and along each public right-of-way;

This information can be made in alternative format as needed for persons with disabilities.

For Staff Use Only:

Maximum Amount of Signage Permitted: _____

Building Permit: Required Not Required

Date of Planning Department Review: _____ By: _____

 Permit Granted Permit Not Granted

Approved on: _____ By: _____

Fee Paid: _____ Receipt No.: _____

Verified By Code Enforcement: _____ Date: _____