



Community Development Department Sign Permit Application

PO Box 777 • 323 N.E. First Street
Winlock, WA 98596-0777
360.785.3811 • fax 360.785.4378
winplan@cityofwinlock.com

SIGN INFORMATION				
<input type="checkbox"/> Erect <input type="checkbox"/> Re-Locate <input type="checkbox"/> Alter <input type="checkbox"/> Remove/Re-Hang				
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary				
<input type="checkbox"/> Business <input type="checkbox"/> Advertising <input type="checkbox"/> Construction				
Sign Type:	<input type="checkbox"/> Wall* <input type="checkbox"/> Window <input type="checkbox"/> Ground (free-standing/monument)* <input type="checkbox"/> Marquee/Arcade* <input type="checkbox"/> Projecting* <input type="checkbox"/> Canopy/Awning* <input type="checkbox"/> Construction Sign <input type="checkbox"/> Mural/Roof Sign* <input type="checkbox"/> Other			
Dimensions of Sign	Length:	Height:	Thickness:	Area:
Clearance	Ground (ft/in):		Total Height Above Ground (ft/in):	
Display	<input type="checkbox"/> Single Face <input type="checkbox"/> Double Face		Illumination	<input type="checkbox"/> Yes (building review required) <input type="checkbox"/> No If yes, for illumination, is the light source concealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Awning Backlit?	<input type="checkbox"/> Yes (building review required) <input type="checkbox"/> No			
Sign Text:				
If Temporary Sign, dates of display: From _____ To _____				
Estimated Installation Date:				
DESCRIPTION OF WORK				
Property Line Distance	Front:	Rt. Side:	Lft Side:	Rear:
Estimated Value: \$ _____				

PROPERTY INFORMATION	
Business Name:	
Address:	
Parcel No.	
Property Description:	
Zoning:	<input type="checkbox"/> Residential <input type="checkbox"/> Business/Commercial <input type="checkbox"/> Planned Development

PROPERTY OWNER	APPLICANT (if different than property owner)
Name:	Name:
Address:	Address:
City/St/Zip:	City/St/Zip:
Email:	Email:
Phone:	Phone:

SIGN CONTRACTOR	ELECTRICAL CONTRACTOR
Business Name:	Business Name:
WA State License #:	WA State License #:
Address:	Address:
City/St/Zip:	City/St/Zip:
Email:	Email:
Phone:	Phone:

A completed application with required documents and any required information must be submitted to obtain a permit. Incomplete applications and/or application fees not paid will result in the rejection of the application and plan review will not begin. It is the responsibility of the applicant/property owner to comply with all private conditions, covenants and restrictions associated with this property. By signing below, I/we agree that the City of Winlock staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, take photographs and post public notices.

Applicant/Property Owner Signature

Date



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FOR OFFICIAL USE ONLY					
Date Rec.		Received By:			
Fee Amount	\$	Rct #:		Date Approved:	
Approved By:					
<i>SITE INFORMATION</i>	<i>NUMBER</i>	<i>AREA (square feet)</i>	<i>TYPE</i>		
Signs Removed					
Existing Signs to Remain					
Proposed Sign(s)					
TOTAL APPROVED					
TOTAL Permitted/Allowed					