

SIGN PERMIT
APPLICATION & CHECKLIST
SUBMIT TO CODE ENFORCEMENT



APPLICATION TO ERECT A FREE-STANDING SIGN, MONUMENT SIGN,
WALL SIGN OR TEMPORARY SIGN IN THE CITY OF ST. GEORGE, UTAH

APPLICANT & PROPERTY INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

ADDRESS OF SIGN LOCATION
(if different than Business Address): _____

ZONING: RESIDENTIAL C-1 C-2 C-3 C-4
 PD-COMMERCIAL MANUFACTURING AGRICULTURAL

SIGN COMPANY: _____

COMPANY REPRESENTATIVE: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

UTAH SIGN CONTRACTOR'S LICENSE NO.: _____

TOTAL NUMBER OF SIGNS APPLYING FOR:

WALL SIGNS: _____ FREE-STANDING/MONUMENT: _____

SIGN TYPE(S): FREE STANDING (\$100.00 fee) MONUMENT (\$100.00 fee) TEMPORARY
 WALL
 FRONT SIDE REAR PROJECTING
 OTHER: _____

COMMENTS: _____

- ALL free-standing and monument sign applications shall be accompanied by a site plan, (which includes property lines, existing and proposed buildings, control curbs and parking areas) an elevation drawing of the sign(s), and a color photo or an artist's color rendering.
- ALL other sign types require an elevation drawing of the building, and an artist's color rendering or color photo.

Sign Contractor / Business Owner

City Employee Accepting Application

OFFICE STAFF USE ONLY

FILING DATE: _____ RECEIVED BY: _____ PERMIT #: _____

SECTION I: Complete this section for each FREE-STANDING OR MONUMENT sign

COMPLETE ONE SHEET FOR EACH SIGN

Sign Message: _____

Total Street Frontage in feet: _____

Required Setback: _____ (no right-of-way encroachment) Proposed Setback: _____

Maximum allowed sign area: _____ s.f. Proposed Actual Sign Area: _____ s.f.
(City Code Ord. 9-13-4)

Maximum allowed sign height: _____ Proposed Actual Sign Height: _____
(City Code Ord. 9-13-4)

TOTAL SQUARE FOOTAGE: _____ s.f.

SECTION II: Complete this section for each WALL sign

COMPLETE ONE SHEET FOR EACH SIGN

Sign Message: _____

Measurements: (Check one box only)

- Building Front Wall Building Side Wall Building Rear Wall

Sign Height: _____ Sign Width: _____

_____ Wall Height X _____ Wall Width = _____ sq. ft.

20% of Front Wall = _____ s.f. 10% of Rear or Side Wall = _____ s.f.
(Maximum Size Permitted) (Maximum Size Permitted)

TOTAL SQUARE FOOTAGE OF PROPOSED SIGN: _____ s.f.

TOTAL SQUARE FOOTAGE OF ALL SIGNS ON THIS WALL: _____ s.f.

SECTION III: Complete this section for each TEMPORARY sign

COMPLETE ONE SHEET FOR EACH SIGN

SUBMIT A COLOR RENDERING OF THE PROPOSED TEMPORARY SIGN WITH THIS APPLICATION

Sign Message: _____

Location(s) (Max 6): _____

(Written permission is required from each property owner where sign will be located AND submitted with this application)

Sign Height: _____
(Max 4' ft.)

Sign Width: _____
(Max 8' ft.)

TOTAL SQUARE FOOTAGE: _____ s.f.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED FOR CORRECTIONS