

**CITY OF COLFAX
SIGN PERMIT APPLICATION**

This application shall be accompanied by dimensioned drawings as required by the Building & Sign Codes and any requested materials for Colfax Municipal Codes compliance. (See attached checklist)

Name of Applicant:

Mailing Address:

Phone #: _____

Fax #: _____

Name of Property Owner:

Mailing Address:

Phone #: _____

Fax #: _____

Street Address of Sign:

Assessor's Parcel No: _____

Zone District: _____

Land Use: _____

Sign Value (Cost) \$ _____

Lineal feet of building frontage: _____

Lineal feet of property frontage: _____

Of Signs Requested: _____ Proposed date of installation _____ # of Existing Signs _____

DESCRIPTION OF PROPOSED SIGNS BY SIGN TYPE:

TEMPORARY	SIZE (s.f.)	HGT.	PERMANENT	SIZE (s.f.)	HGT.
<input type="checkbox"/> Window	_____	_____	<input type="checkbox"/> Wall	_____	_____
<input type="checkbox"/> Banner	_____	_____	<input type="checkbox"/> Window	_____	_____
<input type="checkbox"/> Sandwich board	_____	_____	<input type="checkbox"/> Freestanding/Ground mounted	_____	_____
<input type="checkbox"/> Flags/pennants	_____	_____	<input type="checkbox"/> Subdivision	_____	_____
<input type="checkbox"/> Inflatable display	_____	_____	<input type="checkbox"/> Awning/Canopy	_____	_____
<input type="checkbox"/> Offsite Subdivision	_____	_____	<input type="checkbox"/> Projecting	_____	_____
<input type="checkbox"/> Future tenant identity	_____	_____	<input type="checkbox"/> Freestanding Multi-Tenant	_____	_____
<input type="checkbox"/> Political	_____	_____	<input type="checkbox"/> Planned Sign Program	_____	_____
<input type="checkbox"/> Special Event	_____	_____	<input type="checkbox"/> Agricultural	_____	_____
<input type="checkbox"/> Directional	_____	_____	<input type="checkbox"/> Mural	_____	_____
<input type="checkbox"/> Roof	_____	_____	<input type="checkbox"/> Other	_____	_____

Specify 30-day time period for banner, special event signs:

_____ To _____

_____ To _____

_____ To _____