



CITY OF UNIVERSITY PLACE

# SIGN PERMIT Application

3609 Market Place W Ste 200, University Place, WA 98466-4488  
Phone 253.566.5656

**PERMANENT SIGN:** Intake Fee: \$80.00  
**TEMPORARY SIGN:** Intake Fee: \$68.75

PERMIT #: \_\_\_\_\_

## PLEASE PRINT

**Submittal Requirements: One set of plans, one site plan, and a notarized Owner Affidavit.**

<b>PROJECT ADDRESS (Street, City, State, Zip):</b>	<b>Parcel #:</b>	
Business Name:	Cost of Sign: \$	
<b>APPLICANT:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>OWNER:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>CONTRACTOR NAME*:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	License # / Exp. Date:	

\*Contractor must have a valid City of University Place business license prior to doing work in the City. Contact Business Licensing Office @ 235.566.5656.

**PROJECT DESCRIPTION:** (be specific) \_\_\_\_\_

## SIGN DESCRIPTION

### PERMANENT

- Change of copy
- Externally lighted
- Internally lighted
- Not lighted
- WALL SIGN**  
What is the wall area (length x height) where the sign will be mounted? \_\_\_\_\_ sq. feet  
Wall sign size: \_\_\_\_\_ sq. feet  
Free-standing Letters?  Yes  No
- FREESTANDING / MONUMENT SIGN**  
Size of sign face: \_\_\_\_\_ sq. feet  
Setback from property lines: \_\_\_\_\_ feet  
Sign structure height: \_\_\_\_\_ feet  
Sign structure width: \_\_\_\_\_ feet  
Number of sign faces: \_\_\_\_\_  
Number of tenants on property: \_\_\_\_\_

### TEMPORARY

- Type of Sign:**
- Promotional (pennants, balloons, lights)  
**Display time not to exceed 5 days in one year**
  - Cloth (banner)  A-Board  
**Display time not to exceed 60 days in one year**
- Total number of temporary signs to be displayed: \_\_\_\_\_  
Sign Height: \_\_\_\_\_ feet  
Temporary sign size: \_\_\_\_\_ sq. feet  
Setback from property lines: \_\_\_\_\_ feet  
Number of sign faces: \_\_\_\_\_
- Please indicate the number days and the dates the temporary signs will be displayed:**
- |                    |                  |                        |
|--------------------|------------------|------------------------|
| <u>Start Date:</u> | <u>End Date:</u> | <u>Number of Days:</u> |
| _____              | _____            | _____                  |
| _____              | _____            | _____                  |
| _____              | _____            | _____                  |

It is the responsibility of the installer to obtain the electrical permit and inspection from Tacoma Power. The applicant or installer is required to call the University Place Building Division at 253.460.2540 for structural and setback inspection requests.  
I HEREBY CERTIFY that the above information furnished by me is true and correct, and that the applicable requirements of the City of University Place will be met. **(NOTE: Permanent sign permits expire 180 days after issuance if an inspection is not performed.)**

Print Name: \_\_\_\_\_

Owner  Agent/Other(specify):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Please show a drawing of the sign including dimensions, height, language, materials, and support:

Draw a site plan including lot lines, structures, access, adjacent streets, and dimensions: