



CITY OF UNIVERSITY PLACE

SIGN PERMIT Application

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

PERMIT #: _____

PLEASE PRINT

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

PROJECT ADDRESS (Street, City, State, Zip):		Parcel #:	
Business Name:		Cost of Sign: \$	
APPLICANT:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
OWNER:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTRACTOR NAME*:		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 ☐ Internally lighted
☐ Externally 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: _____

AFFIDAVIT OF CONSENT

SIGN PERMIT

OWNER OR LEGAL POSSESSOR

STATE OF WASHINGTON)
) SS
COUNTY OF PIERCE)

GIVEN under my hand and official this _____ day of _____, 20_____.

Residing at

My Commission Expires