

**SIGN PERMIT APPLICATION**

**PROJECT INFORMATION**

Sign Location (Address): \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Historic Overlay District:  Yes  No  
 Check which applies:  New Sign  Alteration of Existing  Repair/Face change  
 Sign Design Program  Compliance Check – No Fee  
 Business Name/Project Description: \_\_\_\_\_

FREESTANDING SIGNS

No. of Signs: \_\_\_\_\_ Sign Area: \_\_\_\_\_  
 Sign Length: \_\_\_\_\_ Sign Height: \_\_\_\_\_  
 Check if applies:  
 Illuminated  Changeable Message  
 Estimated Value (each): \_\_\_\_\_  
 Setback: \_\_\_\_\_  
 Spacing from nearest Existing Sign: \_\_\_\_\_

ATTACHED SIGNS

No. of Signs: \_\_\_\_\_ Sign Area: \_\_\_\_\_  
 Sign Length: \_\_\_\_\_ Sign Height: \_\_\_\_\_  
 Check if applies:  
 Illuminated  Changeable Message  
 Estimated Value (each): \_\_\_\_\_  
 Building/Business Façade Length: \_\_\_\_\_  
 Building/ Business Façade Height: \_\_\_\_\_

*\* Use additional sheets to provide signage details for more than two proposed signs of each type or a Sign Design Program.*

**APPLICANT AND OWNER INFORMATION**

Applicant (If different from Sign Contractor): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROPERTY OWNER'S AUTHORIZATION:** *I am the owner of the property for which this application is being made. I authorize the above person (Applicant/Sign Contractor) to submit this application and to correspond with the City of Richmond regarding this application on my behalf.*

\_\_\_\_\_  
 Property Owner's Signature (Required) Date

**SUBMITTAL CHECKLIST**

Please review and check the following “Submittal Checklist” which includes a list of required document and relevant information pertaining to this application:

<b>SUBMITTAL CHECKLIST ITEMS</b>	<b>(PLEASE CHECK)</b>
All projects located within the Historic Overlay District may require additional approval of a Certificate of Appropriateness from the Richmond Historic Commission.	
All signs located within the West Fort Bend Management District require a separate WFBMD application, WFMD fee, and approval according to WFBMD regulations.	
All approvals on this application will expire after 180 days of filing unless a permit is issued or a written request for extension is received.	

**FEES**

All fees due to the City of Richmond shall be paid in full before issuance of the permit. All returned checks will be assessed a returned check fee as applicable and a stop work order will be issued and remain in effect until such time a valid complete payment is received. “Credit card payments are assessed a 3% convenience fee. No refunds or credits, all transactions are final.”

<b>SIGN PERMIT APPLICATION FEE SCHEDULE (City of Richmond Office Use Only)</b>				
Description of Item	Unit	Fee	Quantity	Total
Administration Fee	1	\$25.00	1	\$25.00
Freestanding Signs	Each	\$25.00		
Attached Signs	Each	\$25.00		
Outside City Limit Fee	Per Application	\$25.00		
West Fort Bend Management Fee	Per Application	\$25.00		
<i>Fees subject to change without notice. Official fee calculations at the time of issuance.</i>			<b>Grand Total:</b>	

**DISCLAIMER & SIGNATURE**

*I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. By signing below I acknowledge that I have reviewed the Sign Permit Handbook and Submittal Checklist and have included the required submittal items and reviewed them for completeness and accuracy. I also acknowledge that my application will be rejected if it is deemed incomplete.*

Applicant Signature **(Required)**

Date