



Sign Permit Application
Application Fee \$100
Payable Online Option at: tinyurl.com/PayItOnline

The Village of Friendliness—Since 1870

Yes, I have read Article 22 of the City of Douglas Zoning Ordinance

Sign Location Information

Address of Existing or Proposed Sign: _____ Parcel Number: _____

Zoning District: _____ Current Use: Residential Commercial Business Name _____

Existing Building Face (or tenant space frontage in the case of a multi-tenant building) Square Footage: (for wall signs only):
_____ square feet

Property Owner Information:

Name: _____

Address / PO Box: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Applicant Information: (if different than owner)

Name: _____ Company: _____

Address / PO Box: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Additional Information:

New Sign: Repair: Reface of Existing Sign New Business Existing Business

Illumination: existing new (specify type): _____

Proposed/Existing Sign Type Pylon or Pole Sign Wall Sign Monument/Ground Mount Sign Roof Sign

Projecting sign Marquee Sign Awning Sign Sidewalk Other (please specify): _____

Proposed Sign Area _____ sq. ft Proposed Height _____ Dimensions _____

Additional Documentation Required:

Please submit the following with this application. Applications lacking the required additional documentation will not be processed:

1. Sign rendering – Please submit a drawing that provides dimensional details (square footage, height, clearance) as well as a graphic illustration of the sign copy area.
 2. Attachment or Structural Details – Please provide a drawing that indicates the method of attachment (concerning wall, marquee, awning, roof, and projecting signs)
 3. Site Plan (not required for wall, marquee, awning, roof, or projecting signs). Please indicate the sign location and the distance to property lines. Proposed sidewalks signs must include door locations and public rights of way locations.
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Certification

I hereby grant permission for City Staff to enter the above-referenced property for the purpose of gathering information related to this application.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant or Owner (if different than applicant)

Date

FOR INTERNAL USE ONLY**CITY OF DOUGLAS ZONING REVIEW**

Approved Conditional Approval Denied

Rationale _____

Fee Paid Application Complete

Signature of Planning and Zoning Administrator

Date

Conditions:

Updated 9/20/2023