City of El Reno Sign Permit Application



Date:			Permit Number:			
Project Location						
Owner:	Phone:					
Project Address:			Project Zoning Classification:			
Applicant Information	1					
Name:		Phone:				
Mailing Address:		City, ST, Zip:				
Email:			Zoning District:			
Contractor Informatio	on					
Name:		Phone:				
Email:						
Electrical Contractor:			Phone:			
Sign Schedule	,					
Sign Type	Quantity of Faces	Total Area (sf)	Structure Height	Electrical	ectrical	
(Ground, Pole, Wall,				Service		
Canopy, etc.)				(Y/N)	_	
1					- III 4 1	
2					Total Value of	
3					Project:	
4					\$	
Permit Fees					<u> </u>	
Freestanding signs \$50/face I HEREBY CERTIFY THAT THE S CORRECT AND THAT THE PRO			ID THE ATTACHN	MENTS HERETO		
CERTIFY THAT ALL CONSTRU SPECIFICATIONS, AND DRAWN CURRENT IBC/IRC REQUIREME	JCTION WORK NGS, AND TO	UNDER THIS PERMIT	WILL CONFORM	TO THE ATT	ACHED PLANS,	
Name:	_ Signa	ture:	Date:			