



CITY OF
GEARHART

SIGN PERMIT APPLICATION

Permit #: _____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

TAX LOT NUMBER OF PROPERTY: _____

NAME OF BUSINESS REQUESTING PERMIT: _____

ZONING OF PROPERTY REQUESTING PERMIT: _____ Overlays: _____

MUST INCLUDE:

1. DIMENSIONS OF PROPOSED SIGN (submit drawing):
2. LOCATION OF SIGN ON PROPERTY (include site plan):
3. MATERIALS AND CONSTRUCTION DETAILS OF SIGN:
4. ILLUMINATION DETAILS (if applicable):

APPLICANT'S CONTACT INFORMATION:

- Name: _____
- Phone Number: _____
- Email Address: _____

APPLICANT SIGNATURE: _____ DATE: _____

SUBMIT APPLICATION TO PLANNING DEPARTMENT

FOR OFFICE USE ONLY

VARIANCE NEEDED: YES NO

PERMIT APPROVED PERMIT DENIED

(PERMIT INVALID UNTIL PAID)

CITY ADMINISTRATOR SIGNATURE: _____ DATE: _____

698 Pacific Way • P.O. Box 2510 • Gearhart, OR 97138 PH: (503) 738-5501 • FAX: (503) 738-9385