City of Clayton Sign Permit **Application**

	Sign Permit Application		Date: Permit # Expiration Date: Permit Fee: \$ Cash: or Check #		
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Land Lot:	District:	Section:	Parcel:	Property \$	Size:
PROPERTY OWNER			BUSINESS OWNER		
Name:			Name:		
Address:					
Telephone:					
Installation by:			-		
Business Name:		NAMES OF THE PARTY		V. 112 1. 2 2 4 10 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address:			,		
Telephone:			Business License #:		
Sign Description:					
Permanent: Temporary:					Other:
Area (size of sign):			Height:		
Nearest Building:			Nearest Dwelling:		
Setbacks: Front (street R/W):			Side:	Rear:	
Stipulations:					
Check if sign is e	electrical:				
Ordinances now	in effect and that a	all construction sha	vill comply with all requ all conform to the plans height, all structural de	s submitted and	d approved including
Owner/Agent:			Date:		

but not limited to the dimensions of sign face, over Owner/Agent: _____ City Official: City Marshal: Date: White - Original Yellow - Owner Pink - Code Gold - Clerk