



# Sign Permit Application

**Community Development**  
 6000 Main St. SW ☒ Lakewood, WA 98499  
 Phone (253)512-2261 ☒ permits@cityoflakewood.us

Office use

Permit #: \_\_\_\_\_

Date rec'd: \_\_\_\_\_

<b>PROJECT ADDRESS: :</b>	Parcel #:
<b>BUSINESS/TENANT:</b>	Phone:
	City License #:
<b>APPLICANT:</b>	Phone:
	E-Mail Address:
Address (City, State, Zip):	
<b>OWNER:</b>	Phone:
	E-Mail Address:
Address (City, State, Zip):	
<b>CONTRACTOR*:</b>	Phone:
	License #:
Address (City, State, Zip):	Expiration:
<i>*Contractor must have a valid City of Lakewood business license prior to doing work in the City*</i>	

**PLANS ARE REQUIRED TO BE A MINIMUM OF 11" x 17"**

**Submittal Requirements:** Valuation of Project \$ \_\_\_\_\_

**TYPE OF SIGN:** (please circle)      **WALL SIGN**      **POLE SIGN**      **MONUMENT SIGN**

**ESTIMATED VALUE OF SIGN AND INSTALLATION:** \_\_\_\_\_

**SIGN WIDTH:** \_\_\_\_\_ **SIGN HEIGHT:** \_\_\_\_\_ **SIGN DEPTH:** \_\_\_\_\_

**NUMBER OF SIGN FACES:** \_\_\_\_\_ **DEPTH OF FOOTING:** \_\_\_\_\_

**BUILDING HEIGHT:** \_\_\_\_\_ **BUILDING WIDTH:** \_\_\_\_\_

**LINEAR PUBLIC STREET FRONTAGE:** \_\_\_\_\_

*I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the Lakewood Municipal Code. I agree to hold harmless the City of Lakewood as to any claim incurred as a result of this work.*

Print Name: \_\_\_\_\_  Owner  Agent/Other (specify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_