

SIGN PERMIT APPLICATION

Location of Sign:		
Name(s) apply for permit:		
Address:		
Phone Number:		
Contractor Name:	Company Name:	_
Mailing Address:		
TN Contractor License Number:	Phone Number:	
Email:		
Arch/Engr Name:	Arch/Engr Firm Name:	-
TN Registration Number:	Phone Number:	_
Email:	_	
Owner of Building:		
Home Address:		
Phone Number:	Email:	

Permit Holder: Contractor Tenant Owner

Zoning District: R1 C1 M1 F1

Please indicate recognition of these items by	checking each box.
() The applicant agrees to keep the street (prigravel etc.	rivate or public) or roadway free of dirt, mud, stone,
() The existing drainage of ditches, swales et etc.	c. must be maintained with the use of pipes, culverts
() Failure to comply to the above stipulations assessment of clean-up cost.	may result in the revocation of this permit and/or
() The applicant agrees to conform to the City attention to sections $11\text{-}409$ Signs and $11\text{-}41$	y of Friendsville Zoning Ordinance with particular L0.3
	ree (2) Copies of drawings. Submit two (2) copies of undaries, location of sign & applicable Minimum Yard
• Sign Permit Fees \$55.00	
will conform to the regulations of the current Friendsville. The applicant acknowledges tha authority to violate or cancel the provisions of	Formation given is correct and that the construction to adopted codes and ordinances of the City of set the issuance of a permit does not presume to give of any other state or local law regulation construction. To owledges that he or she has permission from the
Signature of applicant	Date
Signature of applicant	Date
Permit Approved by	Date
Building Permit Number	-