



APPLICATION FOR SIGN PERMIT

APPLICANT INFORMATION

Applicant's Name:	
Site/Project Address:	
Property Owner:	
Owner's Address	
Phone #:	Email:

SIGN LOCATION

Business Name:	
Business Address:	
Phone #:	Email:

SIGN CONTRACTOR INFORMATION

Name:	
Business Address:	
Phone #:	
Project Contact:	
Project Contact Phone #	Project Contact Email:
TN License #	License Class:



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****Permit Fees are Non-Refundable****

Permit Fee: \$ _____

TYPE OF SIGN			
Wall:	Freestanding:	Temporary:	Sq.Ft. Allowed:
New:	Addition:	Alteration:	Repair:
DESCRIPTION (attach artwork or provide sketch below):			

Revised March 2021