SIGN PERMIT APPLICATION

CITY OF CUSTER CITY
PLANNING DEPARTMENT
622 CROOK STREET
CUSTER, SOUTH DAKOTA 57730
PHONE 605-673-4824
FAX 605-673-2411

FEE: _____

RECEIPT NO: _____

CASH ___ CHECK____

(DO NOT WRITE IN THIS SPACE)

PERMIT NO. _____

RECEIVED BY: _____

DATE APPLICATION RECEIVED: _____

PERMIT ISSUE DATE: _____

START PROJECT DATE: _____

COMPLETION DATE: _____

OWNER: _____	CONTRACTOR: _____
MAILING ADDRESS: _____	LICENSE #: _____
_____	MAILING ADDRESS: _____
TELEPHONE NUMBER _____	_____
	TELEPHONE NUMBER: _____

INFORMATION REQUIRED REGARDING SIGN CONSTRUCTION

SIGN LEGEND: _____	SIGN LOCATION: _____
_____	_____
SIZE OF SIGN TO BE CONSTRUCTED: _____	LOT;_____ BLOCK: _____
	ZONING DISTRICT: _____

TYPE OF SIGN. CHECK THOSE THAT WILL IDENTIFY DESIGN OF SIGN.

_____ ILLUMINATED SIGN	_____ PERMANENT SIGN
_____ WALL SIGN	_____ TEMPORARY SIGN
_____ PROJECTING SIGN	_____ SINGLE FACE SIGN
_____ ROOF SIGN	_____ DOUBLE FACE SIGN
_____ GROUND-POLE SIGN	_____ MULTI-FACE SIGN
_____ IDENTIFICATION SIGN	_____ ON-SITE SIGN
_____ REPLACEMENT OF EXISTING SIGN	_____ OFF-SITE SIGN

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED. APPLICANT AGREES TO COMPLY WITH ALL ZONING AND SIGN ORDINANCES.

PLEASE ATTACH SKETCH OR PICTURE OF SIGN WITH THIS APPLICATION

I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct.

_____	_____
OWNER DATE	APPROVED BY: DATE

REVISED 5/11/15