

Sign Permit Application



City of Milwaukie

6101 SE Johnson Creek Blvd, Milwaukie OR 97206

Ph: (503) 786-7613 Fax: (503) 786-7612

Inspection Line: (503) 786-7575 www.cityofmilwaukie.org

Email address: building@ci.milwaukie.or.us

OFFICE USE ONLY

Date received:	Permit no.:
Date issued:	By:
Receipt no.:	Payment type:

Land use approval: _____

JOB SITE INFORMATION

Job address:		Bldg. no.:	Suite no.:
Lot:	Block:	Subdivision:	Tax map/tax lot:
Project name:			
Description and location of work on premises/special conditions: _____			

OWNER

Name:			
Mailing address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Owner's representative:			
Phone:	Fax:	E-mail:	

JOB SPECIFICATIONS

Application is to (check one):
 Erect Alter Repair Other: _____

Type of sign (check one):
 Freestanding Under-Marquee Off-premise
 Roof Wall Outdoor advertising Incidental
 Other: _____

APPLICANT

Name:			
Mailing address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	

Building and surrounding area:
 Zone: _____
 Street frontage of premises: _____
 Number of dwelling units (for apartment or subdivision): _____
 Square feet of building face(for wall signs): _____

CONTRACTOR

Business name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
CCB no.:			
City/metro lic. no.:			

Sign area:
 Square feet per display surface (this sign) _____
 Total square feet for all display surfaces (this sign) _____
 Height: _____
 Clearance: _____
 Projection: _____

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

Type of illumination:
 Internal External Combination None
 Illumination equivalent to (milliamperes or watts): _____

Construction materials:

 Estimated value of sign \$ _____

ARCHITECT/DESIGNER

Name:			
Address:			
City:	State:	ZIP:	
Contact person:	Plan no.:		
Phone:	Fax:	E-mail:	

Other signs on premises (list type and size):

ENGINEER

Name:	Contact person:		
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	

OFFICE USE ONLY

Fees due upon application \$ _____
 Date received: _____
 Application receipt #: _____
Please refer to fee schedule.

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____ Date: _____ Print name: _____

Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

For Office Use Only

Planning: _____

Zone: _____

Public Works: _____

Sign Permit Fee _____
 State Surcharge Fee _____
 Plan Review Fee _____
 Zoning Plan Review Fee _____
 Less Prepaid _____
 Balance Due _____

Planning Approval
By: _____
Date: _____

Engineering Approval
By: _____
Date: _____

Building Approval
By: _____
Date: _____