

119 West First Street  
Cle Elum, WA 98922



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## SIGN PERMIT APPLICATION

PROJECT NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROJECT LOCATION NAME: \_\_\_\_\_

ASSESSOR'S MAP NUMBER: \_\_\_\_\_ ZONING: \_\_\_\_\_

DESCRIPTION OF SIGN: \_\_\_\_\_

SIZE OF SIGN: \_\_\_\_\_

SIGN TYPE & CONSTRUCTION: \_\_\_\_\_

### ATTACH THE FOLLOWING:

1. Site plan indicating location of property boundaries, building location, parking and proposed sign.
2. Detailed sign plans including size, dimension, type, specific language, method of attachment or construction, and lighting.
3. Required Fee: \$100.00

### AUTHORIZATION:

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request. This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees associated with the review of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date