



**SIGN / STRUCTURAL PERMIT**

**FOR DEPARTMENT USE ONLY**

Project:			
TaxMap:		Tax lot:	
Subdivision:		Lot:	
		Block:	

Plan Review#:	
Application Date:	
Permit#:	
Issue Date:	
Assoc. Permits:	

**JOB SITE INFORMATION**

**OWNER INFORMATION**

Address:			Name:		
City:	SEASIDE	State:	OREGON	Address:	
Directions to jobsite:				Cty/St/Zip:	
				Phone:	
				FAX:	

<input type="checkbox"/>	I am the property owner hiring a construction contractor	License #:	_____	Expires:	_____
<input type="checkbox"/>	I am licensed with the Building Codes Division	License #:	_____	Expires:	_____
<input type="checkbox"/>	I am registered with the Construction Contractors Board	Registration #:	_____	Expires:	_____
<input type="checkbox"/>	Contractor's Seaside Business License	License #:	_____	Expires:	_____
<input checked="" type="checkbox"/>	I am the property owner <b>doing my own work</b>				

Contractor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ZONING	FLOOD PLAIN	SANITATION	
Zone:	Flood: _____ Req.Elev. _____	City Sewer [ ]	Septic [ ]
Initials	Initials	Initials	

**(1) Class of Work**  
 New       Repair       Replace  
 Move       Other \_\_\_\_\_

**(2) Plans Submitted**       Yes       No  
**(3) Plot Plan Submitted**       Yes       No

**(4) Sign Type**  
 Pole Sign       Wall Sign       Monument  
 Banner       Awning       Other

**(5) Sign Height**

<b>(7) Linear Bldg. Frontage</b>	0
<b>(8) Maximum Allowed s.f.</b>	0
<b>(9) Current Signage (s.f.)</b>	0
<b>(10) Requested Signage(s.f.)</b>	0
<b>(11) Total Signage (s.f.)</b>	0
<b>(12) Sq.Ft.Remaining for Sit</b>	0
<b>Total Valuation</b>	_____

**Description of Work/Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(13) Building Fees (Based on valuation)	SUM
a. Permit Fee (Minimum Fee \$84.00)-----	0.00
b. 12% State Surcharge (Permit Fee x .12)-----	0.00
<b>Enter total of fees above</b> -----	0.00
<b>(14) Plan Review Fees</b>	
a. Plan Review Fees (Required when a foundation is needed)	0.00
<b>(15) Planning Fees</b>	
a. 0 - 25 sq ft.      \$50.00	0.00
b. 25 + sq. ft.      \$100.00	0.00
<b>16) Fees Paid In Advance</b>	0.00
<b>GRAND TOTAL</b> -----	<b>\$0.00</b>

APPLICANT'S SIGNATURE:	<b>FOR INSPECTIONS CALL 503-738-7100</b>		
	DATE SIGNED:		
APPLICANT'S NAME (please print):			