



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 _____ Cty/St/Zip: _____
 to jobsite: _____ Phone: _____ FAX: _____

I am the property owner hiring a construction contractor License #: _____ Expires: _____
 I am licensed with the Building Codes Division License #: _____ Expires: _____
 I am registered with the Construction Contractors Board Registration #: _____ Expires: _____
 Contractor's Seaside Business License License #: _____ Expires: _____
 I am the property owner **doing my own work**

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 <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Repair <input type="checkbox"/> Other Replace _____	(7) Linear Bldg. Frontage _____ 0 (8) Maximum Allowed s.f. _____ 0 (9) Current Signage (s.f.) _____ 0 (10) Requested Signage(s.f.) _____ 0 (11) Total Signage (s.f.) _____ 0 (12) Sq.Ft.Remaining for Site _____ 0
(2) Plans Submitted Yes <input type="checkbox"/> No <input type="checkbox"/> (3) Plot Plan Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	
(4) Sign Type Pole Sign _____ Wall Sign _____ <input type="checkbox"/> Banner <input type="checkbox"/> Awning <input type="checkbox"/> Monument <input type="checkbox"/> Other _____	
(5) Sign Height _____	Total Valuation _____

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
Enter total of fees above -----	0.00
(14) Plan Review Fees	
a. Plan Review Fees (Required when a foundation is needed)	0.00
(15) Planning Fees	
a. 0 - 25 sq ft. \$50.00	0.00
b. 25 + sq. ft. \$100.00	0.00
16) Fees Paid In Advance	0.00
GRAND TOTAL -----	\$0.00

APPLICANT'S SIGNATURE: APPLICANT'S NAME (please print):	FOR INSPECTIONS CALL 503-738-7100
	DATE SIGNED: _____

Amt. _____	Rec.# _____	Date: _____
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REQUIRED INFORMATION FOR A SIGN PERMIT

CITY OF SEASIDE SIGN CODE

SECTION 3.010

A SIGN PERMIT IS REQUIRED IN EACH OF THE FOLLOWING INSTANCES:

1. UPON THE ERECTION OF ANY NEW SIGN EXCEPT EXEMPTED SIGNS
2. TO ALTER AN EXISTING SIGN
3. TO ERECT A TEMPORARY SIGN FOR A NEW BUSINESS OR GRAND OPENING, SUBJECT TO SECTION 3.030 (NO FEE REQUIRED).

SECTION 3.020

FOR THE PURPOSE OF REVIEW BY THE BUILDING OFFICIAL, A DRAWING TO SCALE SHALL BE SUBMITTED, WHICH INDICATES THE LOCATION OF ALL SIGNS AND SIGN STRUCTURES (PLOT/SITE PLAN), MATERIAL COLOR, TEXTURE, DIMENSIONS, SHAPE RELATIONS AND ATTACHMENT TO BUILDING AND/OR OTHER STRUCTURES, STRUCTURAL ELEMENTS OF THE PROPOSED SIGN AND THE SIZE AND DIMENSIONS OF ANY OTHER SIGNS LOCATED ON THE APPLICANT'S BUILDING OR PROPERTY.