



Sign Permit Application

Department of Building Inspection, PO Box 40
 9800 Government Center Parkway, Chesterfield, VA 23832
 Phone: 804-748-1057
 Commercial Fax: 804-717-6080
www.chesterfield.gov/bi

SIGN PERMIT #:

WORK DESCRIPTION	BRIEFLY DESCRIBE SIGN(S) BEING INSTALLED:		
	ILLUMINATION: _____ INTERNAL _____ EXTERNAL _____ NONE		
	IF ILLUMINATED: HAVE ALL OF THE CIRCUITS BEEN INSTALLED? _____ YES _____ NO		
	IF INTERNALLY ILLUMINATED: SIGN MANUFACTURER COMPANY NAME _____ SIGN MANUFACTURER TESTING LABORATORY CERTIFICATION # _____		
SIGN INFORMATION	EST. COST OF CONSTRUCTION: (NOTE: ESTIMATED COST OF CONSTRUCTION IS LABOR AND MATERIALS FOR WORK COVERED UNDER THE SIGN PERMIT. DO NOT INCLUDE THE COST OF ELECTRICAL.)		\$
	FOR FASTER PROCESSING, SUBMIT 1 PLAN SET AT 8 ½ X 14 OR SMALLER. IF NOT POSSIBLE, 3 PLAN SETS ARE NEEDED.		
SIGN INFORMATION	SITE SKETCH SHOWING BUILDING FOOTPRINT AND THE FOLLOWING: FOR BUILDING MOUNTED SIGNS: LOCATION OF BUILDING. SHOW IF ANY EXISTING SIGNS ARE TO BE REMOVED. DIMENSIONS OF BUILDING OR TENANT SPACE. TYPE OF ANCHORING FOR GROUND MOUNTED SIGNS: PROPOSED AND EXISTING SIGN LOCATIONS. SHOW IF ANY SIGNS ARE TO BE REMOVED. SETBACK DIMENSIONS FROM RIGHT OF WAY AND EDGE OF PAVEMENT. LANDSCAPING, AS REQUIRED AT THE BASE OF THE SIGN. SETBACK DIMENSIONS FOOTING/FOUNDATION DETAILS.		SIGN ELEVATION PLANS SHOWING THE FOLLOWING FOR ALL SIGNS: ELEVATIONS SHOWING SIGN. HEIGHT/WIDTH COLOR INFORMATION MATERIALS USED ILLUMINATION INFORMATION
ID	CONTRACTOR NAME:	CUSTOMER PIN:	CUSTOMER'S PHONE #:
CONTACT	PRIMARY CONTACT PERSON:		CONTACT'S PHONE #:
	CONTACT'S E-MAIL ADDRESS:		
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):	OWNER PHONE #:	
	PROPERTY OWNER MAILING ADDRESS (SKIP IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
	PROPERTY OWNER CITY/STATE/ZIP (SKIP IF MAILING ADDRESS IS SAME AS JOB LOCATION):		
JOB INFO	JOB ADDRESS:		
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME?	TENANT NAME:	
	CHECK PAYMENT OPTION, IF APPLICABLE: TECHNOLOGY ZONE COUNTY FUNDED DEFERRED	IDT# FOR DEFERRED PAYMENT (SCHOOL BOARD/UTILITIES ONLY) ATTACH IDT FORM. IDT#	

APPLICANT	APPLICANT NAME (PLEASE PRINT):		
	REPRESENTING (NAME OF COMPANY):		
	APPLICANT SIGNATURE:		DATE:
OWNER AFFIDAVIT	<p>Complete this section only if you are an OWNER doing your own work, and are not subject to licensure as a contractor or subcontractor.</p> <p>If you are an owner and intend to do the work or subcontract the work, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This "Owner Affidavit" must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)</p>		
	I, as the owner, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER'S SIGNATURE:	DATE:	PLEASE PRINT OWNER NAME LEGIBLY:
OFFICE USE ONLY	SIGN PERMIT FEE:		
	\$		
	OTHER FEE:		
	\$		
	PLANNING DEPARTMENT FEE:		
	\$		
	STATE LEVY:		
\$			
TOTAL PERMIT FEE:			
\$			
CASHIER:	DATE:	TENDER:	