

SIGN PERMIT

**CITY OF KALAMA
PO BOX 1007
KALAMA, WA 98625
PHONE: (360) 673-5211
FAX: (360) 673-4560**

PERMIT NO. _____
DATE: _____
BY: _____

Applicant/Authorized Agent: _____ Phone: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Property Owner Signature _____ **Phone:** _____

Project Address: _____

Type of Sign to be displayed: _____ How Many: _____

Purpose of Sign: _____

How will Sign be Displayed, Freestanding, Wall Sign _____

Size of Sign(Ft) _____ Street Frontage of Bldg _____ Fair Market Value _____

Permanent Sign _____ Temporary _____ If Temporary How Long _____

Date of Temporary Sign _____ When will sign be removed _____

Zoning District _____ Photo of Location _____

NOTICE: Separate permits and approval may be required for this project. Every permit issued by the Administrative authority under the provision of Kalama City code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provision of any other Federal, State, or local laws regulating construction, the performance of construction, and/or operation of the project. I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit or approval may be revoked.

APPLICANT'S SIGNATURE _____ **DATE** _____

DEPT. APPROVAL _____ SIGN PERMIT FEE _____ DATE PAID _____

RECEIPT # _____

DENIED: _____ PLAN REVIEW FEE _____ DATE PAID _____

COMMENTS: _____
