



City of The Dalles
Community Development Dept
 313 Court Street
 The Dalles, OR 97058
 (541) 296-5481, ext. 1125
 www.thedalles.org

Application #: _____

Filing Fee: _____

Receipt #: _____

Deemed Complete: _____

Ready to Issue: _____

Date Issued: _____

Received: _____

Sign Permit Application

Applicant

Name: _____

Address: _____

Phone #: _____

Email: _____

Business Name: _____

Installer Information

Name: _____

Address: _____

Phone #: _____

Email: _____

Oregon CCB License #: _____

Expiration Date: _____

Sign Information

Business Address: _____

Type: Freestanding Projecting Hanging Flush

Principal Secondary Temporary

Illumination: Direct Indirect UL #: _____

Horizontal Dimension: _____ Vertical Dimension: _____

Sign Area: _____ Building Frontage: _____ Street Frontage: _____

Electrical connection and all supply circuits to be made by a licensed electrical contractor and subject to the provisions of the State Electrical Code. A structural permit is required for certain sign installations.

SIGN INSTALLATION TO BE COMPLETED WITHIN 60 DAYS AFTER PERMIT HAS BEEN ISSUED

Signature of Applicant

Signature of Property Owner

_____ Date

_____ Date

See Reverse Side >>>

Additional Application Requirements:

- A scaled elevation drawing of your proposed sign complete with dimensions, location, and color scheme.
- A complete inventory of existing property sign(s) complete with dimensions and location(s).

The purpose of a sign permit is to verify that the amount of signage requested does not exceed the amount of signage allowed. In order to do this, an inventory of existing signs is required. This includes signs for your business plus any other businesses that are at the same location. Signage is not based on the business, but on the building. Additionally, the ordinance makes distinctions based upon types of signage used. This is why the inventory must include information on sign type and location.

Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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Community Development Department

Date