



CITY OF WACO

INSPECTION SERVICES DEPARTMENT  
P.O. BOX 2570  
WACO, TX 76702-2570

# SIGN PERMIT APPLICATION

PHONE# 254-750-5612  
FAX# 254-750-5624

DATE SUBMITTED \_\_\_\_\_

**ADDRESS OF SIGN LOCATION**

\_\_\_\_\_

**APPLICANT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**OWNER OF PROPOSED OFF PREMISE SIGN OR BILLBOARD**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**PROPERTY OWNER – SIGNATURE REQUIRED**

NAME \_\_\_\_\_ *SIGNATURE* \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**ON-PREMISE SIGNS**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL SQ. FOOTAGE OF EXISTING SIGNAGE \_\_\_\_\_

PROVIDE AREA OF WALL (IF A WALL SIGN) \_\_\_\_\_

**SIGN CONTRACTOR**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**\* All illuminated or LED signs must be permitted and installed by a Sign Contractor and Master Sign or Master Electrician licensed by the State of Texas.**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SIGN THAT WILL BE AT THE ABOVE LOCATION:

SIZE OF SIGN \_\_\_\_\_ SIGN HEIGHT \_\_\_\_\_ HOW MANY OF THIS SIZE \_\_\_\_\_

DOUBLE FACE YES \_\_\_\_\_ NO \_\_\_\_\_  
ILLUMINATED YES \_\_\_\_\_ NO \_\_\_\_\_  
LED YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED COST OF SIGN \_\_\_\_\_

SIZE OF SIGN \_\_\_\_\_ HOW MANY OF THIS SIZE \_\_\_\_\_

DOUBLE FACE YES \_\_\_\_\_ NO \_\_\_\_\_  
ILLUMINATED YES \_\_\_\_\_ NO \_\_\_\_\_  
LED YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED COST OF SIGN \_\_\_\_\_

SIZE OF SIGN \_\_\_\_\_ HOW MANY OF THIS SIZE \_\_\_\_\_

DOUBLE FACE YES \_\_\_\_\_ NO \_\_\_\_\_  
ILLUMINATED YES \_\_\_\_\_ NO \_\_\_\_\_  
LED YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED COST OF SIGN \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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**Application will not be processed if the application is not complete. The Property Owner must sign the application or the application will be REJECTED.**

**THE FOLLOWING IS ALSO REQUIRED IN ORDER FOR THIS APPLICATION TO BE COMPLETE:**

- 1. ONE SCALED SITE PLAN FOR EACH SIGN**
- 2. ONE STRUCTURAL PLAN FOR EACH SIGN**
- 3. ONE ELEVATION PLAN FOR BUILDING AND CANOPY SIGNS**
- 4. FOR OFF PREMISES SIGNS (BILLBOARDS) ONE OVERALL PLAN SHOWING ANY EXISTING BILLBOARDS IN RELATION TO THE PROPOSED LOCATION.**
- 5. FOR ON PREMISES SIGNS ONE OVERALL PLAN SHOWING ANY EXISTING SIGNAGE IN RELATION TO THE PROPOSED LOCATION.**

**PLEASE ATTACH PHOTOS OR OTHER DOCUMENTS THAT WILL ASSIST IN THE PROCESSING OF THIS APPLICATION.**

**MAIL COMPLETED APPLICATION TO:  
INSPECTION SERVICES DEPARTMENT  
P.O. BOX 2570  
WACO, TX 76702-2570**