

CITY OF SALISBURY

Department of Building, Permits & Inspections
125 N. Division St., Rm. #B-13
Salisbury, MD 21801
Ph: 410-548-3130 Fax: 410-548-3183
www.ci.salisbury.md.us

Sign Permit #: _____

SIGN PERMIT APPLICATION

PROJECT INFORMATION

Application Date: _____ Est. Cost of Construction: \$ _____

Project Address: _____

Type of Sign: Wall Ground Pole/Pylon Roof Directional Other: _____

Brief description of sign & what it's advertising: _____

of Faces: _____ Width: _____ Height: _____ Total Sq. Ft.: _____

Height Above Grade: _____ Setback From Curb: _____

Type of Illumination: Internal External N/A Sign Material: _____

Time Limit of Sign: Permanent Sign Temporary Sign (# of days _____)

PROPERTY OWNER INFORMATION

Name of Property Owner(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SIGN CONTRACTOR INFORMATION

Contractor's Name: _____ License #: _____

Mailing Address: _____ Business Phone: () -

City: _____ State: _____ Zip: _____

(Permit Fee - \$1.50 x total sq. ft of sign + \$50.00)

A drawing/sketch or photograph of the sign(s) must be submitted with permit application. If in Historic District, approval must also be received prior to application. A separate application must be submitted for EACH sign

Applicant's Name: _____ Phone: () -

Applicant's Email: _____ Date: _____

Office Use Only

Permit Fee: \$ _____ Ck # _____

Approved By: _____

Zoning Administrator

Required Approvals Date/Initials

<input type="checkbox"/> Planning Comm.	_____
<input type="checkbox"/> Historic	_____
<input type="checkbox"/> Zoning	_____
<input type="checkbox"/> BOZA	_____