

SIGN PERMIT APPLICATION

City of Winston/Administration
201 NW Douglas Boulevard
Winston, OR 97496
541-679-6739 (office) 541-679-0794 (fax)

Permit No. _____

This application/permit expires if work is not started within 180 days of issuance
or if work is suspended for 180 days.

PROPERTY OWNER

Name: _____
Address: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____
Signature: _____ Date: _____

CONTRACTOR

Business Name: _____
Name: _____
Address: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____
CCB# _____
Signature: _____ Date: _____

JOB SITE INFORMATION

Job Site Address: _____
Legal Description: _____ T28-R06W, Section _____, Tax Account No. _____
Distance of building site from river, creek or streambank: _____

CATEGORY OF CONSTRUCTION

Residential Commercial/Industrial Agricultural

TYPE OF SIGN

Temporary Roof Pole Wall
 Ground Projecting Marquee Portable

CLASS OF WORK

New Addition Alteration Repair Move Remove

SIGN INFORMATION

Type of surface: Metal Wood Plastic Glass Other
Size: Width _____ Feet Height _____ Feet Total Square Feet _____
Top of Sign from Ground _____ Feet Clearance from Ground _____ Feet

Required Attachments: Building Location Plan (distance from buildings, property lines, easements)
 Caption Photo (wall signs only) Wall Sketch of Support Members

LOCAL GOVERNMENT APPROVAL
(to be completed by City)

PLANNING (Ordinance No. 590, Section 5.050.6):

In City In Urban Growth Boundary
Zoning: _____ Overlays _____

CRITERIA FOR PERMIT APPROVAL (Ordinance 590, Section 5.050.5(2)):

- A. Conformance to structural requirements and electrical code, if required. Yes No
- B. Meets locational standards Yes No
- C. Sign allowed in zoning district Yes No

Conditions of Approval: _____

SIGN PERMIT FEES

0-16 square feet	\$ 50.00
17-50 square feet	\$100.00
51-100 square feet	\$150.00
101-200 square feet	\$200.00

Total Fees Paid \$ _____ Receipt No. _____ Date _____

Make check or money order payable to City of Winston
If paying by credit or debit card, payment may be made by phone at 541-679-6739.

APPROVAL

City Owned Underground
Utility Conflict Review : _____ Date: _____
Administration Office: _____ Date: _____
Expiration Date: _____ Extension Requested: Yes No Date: _____

SIGN LOCATION PLAN

SIGN PERMIT NO. _____

APPLICANT: _____

PHYSICAL ADDRESS: _____

Required Information on drawing:

- 1) Property lines and dimensions
- 2) Street right-of-way
- 3) Distance of sign from property line or street
- 4) Location and identification of structures on property
- 5) Access location



WAIVER: I understand that approval of the Sign Permit Application and Site Location Plan does not release me from compliance with private covenants, restrictions or easements affecting this property.

(Applicant's Signature)

s:adm/forms 2/29/2012