## CITY OF WINSTON 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. Please allow 7-10 days for processing.

PROPERTY OWNER				
Name:				
Address:				
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:				
Job Site Address:  T28-R06W, Section Tax Lot Tax Account No				
Distance of building site from river, creek or streambank:				
CATEGORY OF CONSTRUCTION				
Residential Commercial/Industrial Agricultural				
TYPE OF SIGN				
TITE OF SIGN				
$\square$ Temporary $\square$ Roof $\square$ Pole $\square$ 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			Total Square Feet	t	
	n from GroundFe		m Ground		
Required Attachments:					
Capti	ion Photo (wall signs	only)	Sketch of Su	apport Members	
	LOCAL GOVER		ROVAL	1	
	(to be con	npleted by City)			
PLANNING (Ordinance No. 590, S	Section 5.050.6):				
☐ In City ☐ In Urban Grow	th Boundary				
Zoning:	•				
CRITERIA FOR PERMIT APPR	OVAL (Ordinance 590, See	etion 5.050.5(2)):			
A. Conformance to structural i	requirements and electrical of	code, if required.	Yes	No	
B. Meets locational standards			Yes	No	
C. Sign allowed in zoning dist	rict		Yes	□No	
Conditions of Approval:					
	SICN D				
0 16 fact		ERMIT FEES			
0-16 square feet 17-50 square feet	\$ 50.00 \$100.00				
51-100 square feet	\$150.00				
101-200 square feet	\$200.00				
Total Fees Paid	\$	Receipt No	o 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:			
City Planner:		Date:			
Administration Office:		Date:			

Expiration Date:\_\_\_\_\_Extension Requested: \( \subseteq \text{Yes} \subseteq \text{No Date:} \)

## **SIGN LOCATION PLAN**

		SIGN PERMIT NO		
		APPLICANT:		
		PHYSICAL ADDRESS:		
Require 1) 2) 3) 4) 5)	<ul> <li>Street right-of-way</li> <li>Distance of sign from property line or street</li> <li>Location and identification of structures on property</li> </ul>			
	CR: I understand that approval of vate covenants, restrictions or ea	The Sign Permit Application and Site Location Plan does not release me from compliance sements affecting this property.		
Applic	ant Signature			
City O	fficial, Title			