

SANDOVAL COUNTY PLANNING & ZONING DEPARTMENT

SIGN PERMIT APPLICATION

THIS SIGN IS:		EXISTING FREE STANDING		NEW WALL MOUN	NTED
APPLICANT:					
ADDRESS:					
PHONE: E-MAIL:					
(Name of Individual or Organization owning sign.) INSTALLER:					
ADDRESS:					
PHONE:		E-MAI	L:		
CONTRACTOR'S LICENSE NUMBER:					
NAME OF THE PROPERTY OWNER:					
PHONE:		E-MAI	L:		
EXISTING LEGAL DESCRIPTION OF PROPERTY: TOWNSHIPRANGESECTION					
MRGCD Tract No. (If applicabl	e)	RANGE		SEC1 MRGCD Man	No (If applicable)
Subdivision Block No	Tc	tal Acres:	Nun	nber of Lots (exist	ing)
EXISTING ZONING OF PROPERTY WHERE PROPOSED SIGN IS TO BE LOCATED:					
SIGN IS TO BE ILLUMINATED					_
SIGN DIMENSIONS: HEIGHT		WIDTH:		DEPTH	
PROPERTY OWNER'S SIGNATURE:					
FOR OFFICE USE ONLY:		D			
Application Received By:		Date:		Fee:	Receipt No.
File number:	_	Zoning :			Corridor Overlay Zone?
Yes No					
Approved By:		Date:			VERSION JUNE 2023