

SIGN PERMIT APPLICATION

JURISDICTION OF TOWN OF WESTCLIFFE

PERMIT NO. _____

Applicant to complete numbered spaces only

Job Address _____

1. Legal Desc	Lot #	Blk	Tract
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2. Owner	Mailing Address	Zip	Phone
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3. Contractor	Mailing Address	Zip	Phone
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4. Class of Work ___New ___Addition ___Move

5. Describe work _____

.	No. of signs:	PERMIT FEE
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Special Conditions	Type of Const.	Occupancy Group	Division
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_____	Size of sign (total) Sq Ft	_____	_____
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Application accepted by	Plans checked by	Approved for issuance by	Use Zone	_____

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days after work has commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

As the applicant, you are responsible for researching and understanding any covenants and/or restrictions attached to the subject property. By submitting this application, you are attesting that the proposed use is not in violation of any covenants or restrictions on the property, or that the proposed use has been otherwise approved by the HOA, POA, or other organization that enforces covenants and restrictions attached to the subject property. The Town of Westcliffe is not responsible for enforcing private land use covenants and/or restrictions. Approval of this application does not relieve the property or the applicant from the private enforcement of any covenants and restrictions attached to the subject property."

Special approvals	Required	Received	Not Required
ZONING			

Notes: _____

Signature of owner, contractor or authorized agent	Date	Signature of Building Code Official	Date
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JOB ADDRESS