

Killeen ON-PREMISE SIGN PERMIT APPLICATION

P. O. BOX 1329, 100 E AVENUE C. KILLEEN, TEXAS 76540

BUILDING INSPECTIONS

(254) 501-7762/FAX (254) 501-6302

Applicant to complete numbers 1 through 17

1. Job Address		2. Project Name											
3. Legal Description:	Lot	Block	Subdivision										
4. Owner	Mailing Address	Zip	Phone										
5. Contractor	Mailing Address	Zip	Phone										
6. Architect or Designer	Mailing Address	Zip	Phone										
7. Engineer	Mailing Address	Zip	Phone										
8. Use of Building		9. Describe Work											
10. Class of Work (Check Appropriate Box)													
New Ground Structure New Cabinet New Channel Face Change Alteration Other: _____													
11. Ground Signs Pole Sign (check one) Single: Multi-tenant: _____ Dimension _____ Square Foot _____ Overall Height _____ Monument Dimension _____ Square Foot _____ Overall height _____ Portable Dimension _____ Square Foot _____ Expiration Date: Dec 31, _____ EMD / LED Sign (50% rule) Square Foot _____	12. Building Signs Wall: Number of signs _____ Total Square Foot _____ Projection Sign Square Foot _____ EMD / LED Sign (50% rule) Square Foot _____ 13. Permits Valuation: <i>(check one or more)</i> Sign \$ _____ Electrical \$ _____ TOTAL VALUATION \$ _____	14. Zoning District: _____ 15. Overlay District: Yes No (COD, UOD, HOD) 16. Flood Plain: Yes No 17. Adult Oriented: Yes No -----FOR OFFICIAL USE ONLY----- <table style="width: 100%;"> <tr> <td style="width: 50%;">Fees:</td> <td style="width: 50%;">Permit Number</td> </tr> <tr> <td>\$ _____</td> <td>Sign Fee</td> </tr> <tr> <td>\$ _____</td> <td>Electrical Fee</td> </tr> <tr> <td>\$ <u>25.00</u></td> <td>Plan Review Fee</td> </tr> <tr> <td>\$ _____</td> <td>Total Fee</td> </tr> </table> Permit Number: _____		Fees:	Permit Number	\$ _____	Sign Fee	\$ _____	Electrical Fee	\$ <u>25.00</u>	Plan Review Fee	\$ _____	Total Fee
Fees:	Permit Number												
\$ _____	Sign Fee												
\$ _____	Electrical Fee												
\$ <u>25.00</u>	Plan Review Fee												
\$ _____	Total Fee												
NOTICE													
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS 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.													
Signature of Contractor or Authorized Agent		Signature of Owner (if Owner Builder)											
Date		Date											
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ DATE: _____													

**EACH SIGN SHALL BE PERMITTED SEPARATELY
EXCEPT FOR GROUPED WALL SIGNS**