

Received Date \_\_\_\_\_

# Town of Estes Park

Permit Number S- \_\_\_\_\_

Received By \_\_\_\_\_

## Sign Application / Permit

Permit Expires \_\_\_\_\_

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517

General Info (970) 577-3726 • FAX (970) 586-0249 • [www.estes.org](http://www.estes.org) (use search feature for Sign Permit)

**Job Address:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Town License:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property-Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Owner's Permission Slip:**  Yes  No

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**Sign Company:** \_\_\_\_\_ **Town License #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Who will install sign?  Sign Company  Owner  Other: \_\_\_\_\_ Town License # \_\_\_\_\_

New  Addition  Alteration  Temporary  Signs to be removed:

Provide linear feet of building frontage of business: \_\_\_\_\_ ft. # of stories: \_\_\_\_\_.

Note: Max total sign area is 1.5 sq. ft. of linear feet of building frontage of business, .75 sq. ft. for 2<sup>nd</sup> floor.  
 Note: Max 150 sq. ft. of sign area per business.

Provide total square feet of all existing signs for business: \_\_\_\_\_ sq. ft.

Provide square feet area of proposed sign: \_\_\_\_\_ sq. ft.

Provide new total square feet of signs for business: \_\_\_\_\_ sq. ft.

Sign Type:  Wall  Free-Standing  Window  Awning / Canopy  Other: \_\_\_\_\_

Plot Plans Required except for Wall and Window Signs. Note: Plot plans to include property lines, location and setbacks of proposed sign.

For Wall and Window Signs provide graphic that shows location of proposed signs on building.

Provide graphic representation with dimensions and height of proposed sign.

Note: Height is measured from original grade. Height restrictions vary by zoning & sign type. Max 25'

Note: Utility Locates are property owners responsibility, call 1-800-922-1987

Electrical Involved:  No  Yes – State & Town License Required. *State Permit and Inspection Required.*

Is Sign Illuminated?:  No  Yes -  Indirectly  Internally; Must Comply with EVDC 7.9. Provide Cut sheets for lights.

Note: Illumination restricted to lot. Direct illumination including Neon is prohibited, except for open / vacancy signs not exceeding 2.5 sq. ft.

Total Valuations (Labor & Materials) \$ \_\_\_\_\_

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.

Contractor  Owner  Tenant

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\*\* Office Use Only \*\*\***

Jurisdiction: \_\_\_\_\_ Applicable Code: \_\_\_\_\_ Zoning: \_\_\_\_\_ Overlay Zoning: \_\_\_\_\_ (e.g. FPDP, geo-hazard, historic district, EPURA)

Total allowable square feet for business: \_\_\_\_\_ this frontage (max. 150 per business) Sign Type: \_\_\_\_\_ Sign Class: \_\_\_\_\_ Go to Matrix

Special Requirements:  Engineering / Building Permit Required  Sanitation Required  Life Safety

Min. Setback F \_\_\_\_\_ S \_\_\_\_\_ R \_\_\_\_\_ Max. Height \_\_\_\_\_ Temp date: \_\_\_\_\_

<input type="checkbox"/> Conforming <input type="checkbox"/> Legally Non-Conforming <input type="checkbox"/> Illegal Non-Conforming	<b>Fee</b>	<b>\$ 75.00</b>
<input type="checkbox"/> Prohibited <input type="checkbox"/> Exempt <input type="checkbox"/> Denied <input type="checkbox"/> Permitted	<b>County Tax</b>	
<b>Building Official</b>	<b>Date</b>	<b>Total</b>