



SIGN PERMIT APPLICATION

Building Inspection Division

201 N. Fourth St.
 Robstown, Texas 78380
 Phone (361) 387-4589

P.O Box 872
 Robstown, Texas 78380
 Fax- (361) 387-0931

Date: _____ Project Address: _____

Type of Sign(s)	<input type="checkbox"/> Wall	<input type="checkbox"/> Freestanding/ Detached	<input type="checkbox"/> Banner
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Attachments:

Site Plan/ Building Elevation Sign Elevation Drawings Electrical Permit Application

Sealed Engineered Plan

Name	Address	Phone
Business Name:		()
Property Owner:		()
Sign Contractor:		()
Electrician:		()

Project Size		Project Cost	
Sign #1	total sq. ft. _____ total Height _____	Total \$	_____
Sign #1	total sq. ft. _____ total height _____	Total \$	_____
Sign #1	total sq. ft. _____ total height _____	Total \$	_____
Sign #1	total sq. ft. _____ total height _____	Total \$	_____

Owner or Authorized Agent

I hereby certify that the information provided above and in the attachments are true and accurate. I understand that any false information will null and void any permit issued based on the information provided

Name (Please Print) _____	Telephone Number _____
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Signature _____	E-mail Address _____
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Office Use Only	Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	By: _____	Date: _____	
	Electrical	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	By: _____	Date: _____	