



# SIGN PERMIT APPLICATION

Building Inspection Division

101 E Main St.  
 Robstown, Texas 78380  
 Phone (361) 387-4589 ext. 135

P.O Box 872  
 Robstown, Texas 78380  
 Fax- (361) 387-6760

Date: \_\_\_\_\_ Project Address: \_\_\_\_\_

Type of Sign(s)  
 Wall                       Freestanding/ Detached                       Banner

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 \_\_\_\_\_

Signature \_\_\_\_\_ E-mail Address \_\_\_\_\_

<b>Office Use Only</b>	Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	By: _____	Date: _____	
	Electrical	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	By: _____	Date: _____	