



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 \$	_____
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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 _____

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: _____