



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

Attachments:		
<input type="checkbox"/> Site Plan/ Building Elevation	<input type="checkbox"/> Sign Elevation Drawings	<input type="checkbox"/> Electrical Permit Application
<input type="checkbox"/> 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: _____	