



City of Durham

17160 SW Upper Boones Ferry Rd.
Durham, Oregon 97224

COMMERCIAL SIGN PERMIT APPLICATION

Website: www.durham-oregon.us
e-mail: cityofdurham@comcast.net
503.639.6851 Fax 503.598.8595

Permit No: _____

Business Applicant:		Sign Company	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	
Business License:		Business License:	

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I agree to erect this sign in accordance with the attached description and approved plans, and in accordance with the Sign Ordinance of the City of Durham (Durham Development Code, Chapter 6) and Durham Planning Commission Orders. I understand that a separate building permit may be required to erect the sign.

Business Owner: _____ Sign Company: _____
Date: _____ Date: _____

Permit Issuance is contingent upon compliance with the current City sign regulations and conditions originally imposed on the individual development by the Design Review Board and Planning Commission. The Planning Commission will consider this sign application at the first regular meeting after the application is deemed complete. Applicants are requested to attend the meeting.

Additional planning fees may be applied if deemed necessary to determine compliance with city regulations and final Planning Commission conditions.

Sign Information

Site Address:				Current Zoning:	
Application for:	New Sign <input type="checkbox"/>	Replacement <input type="checkbox"/>	Face Change <input type="checkbox"/>	Comprehensive Sign Program <input type="checkbox"/>	
Check all that apply:	<u>FREE STANDING</u> Monument <input type="checkbox"/> Directory <input type="checkbox"/> Plot Plan is required.		<u>ATTACHED</u> Business Identification <input type="checkbox"/> Directory <input type="checkbox"/> Elevation Drawing is required.		Attach two color renderings of the proposed sign, showing its correct dimensions, colors, materials, script, and graphics. A site plan and/or building elevation drawn to scale that includes vision clearance is required. If requested, supply material samples representing the sign's color and texture.
PROPOSED SIGN Total Height: _____ Total Width: _____ Size (H x W): _____ sq. ft. Adjacent Wall Area: _____ sqft Sign Thickness: _____ inches Letter Size: _____ Letter Style: _____ Letter Color: _____ Materials: _____ Property frontage: _____ ft. on (street) _____					

FOR CITY USE ONLY:

Application Fee Received: _____ Date Received: _____ By: _____ Receipt: _____
\$25 non-refundable fee

Additional Fees (if applicable):

Design Review Deposit: _____ Date Received: _____ By: _____ Receipt: _____

Planning Deposit: _____ Date Received: _____ By: _____ Receipt: _____

Final Payment Due: _____ Date Received: _____ By: _____ Receipt: _____

Denied: _____ Approved: _____ Date: _____ By: _____

Conditions of Approval:

1. _____ Met: _____

2. _____ Met: _____

3. _____ Met: _____

4. _____ Met: _____

5. _____ Met: _____

Notes:
