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: 476-25

Business Applicant:		Sign Company	Sign Company		
Name:	SRI KATTA /MAHENDRA	Name:	I SSAM ABUSHAKRAH		
Company:	DURHAM DENTAL	Company:	A to Z Signy		
Address:	16780 SHI UPPER BOONES F	Address:	21950 NE GLISAN ST.		
City, State, Zip:	DURHAM OR 97224	City, State, Zip:	GRESHAM, OR 97030		
Phone:		Phone:		200	
Email:		Email:			
Business Licens	se:	Business Licens	e: 20 - 14	1640	
individual develor application at the	e is contingent upon compliance with the opment by the Design Review Board and e first regular meeting after the application ting fees may be applied if deemed neo inditions.	Planning Commission. To is deemed complete. App	he Planning Comm licants are request	nission will consider this sign and to attend the meeting.	
Sign Information	on				
Site Address:	16780 SW UPPER BOONES FERA	ey RD.	Current Zoning	i:	
Application for:	New Sign ☐ Replacement 5	Face Change	Comprehensiv	ve Sign Program	
that apply:	Monument ☑ B Directory □ D	TTACHED Justiness Identification Justiness Id	8	Attach two color renderings of the proposed sign, showing its correct dimensions, colors,	
PROPOSED SIGN Total Height: 5 Total Width: 6 Size (H x W): 32 sq. ft. Adjacent Wall Area: sqft Sign Thickness: 2 inches Letter Size: Letter Style: Letter Color: Materials: ALUMINIUM FRAME, ACRYLLIC LEMBELS. Property frontage: ft. on (street)				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.	