

Planning and Building
1290 S. Public Road, Lafayette, Colorado 80026

303-665-5588
Fax 303-665-2153

Please Print or Type

Location	PROJECT ADDRESS (Number and Street)			APPLICATION DATE	
	LOT NUMBER	BLOCK	SUBDIVISION OR TRACT NAME		ZONING
Tenant/ Business Owner	CONTACT NAME		EMAIL	PHONE ()	FAX ()
	COMPANY NAME		MAILING ADDRESS (Street, City, Zip)		
Sign Contractor	COMPANY NAME		MAILING ADDRESS (Street, City, Zip)		
	CONTRACTOR TYPE	LICENSE NUMBER	PHONE ()	FAX ()	
Property Owner/Mgr	As property owner/manager, I have reviewed and approve this sign request: NAME:				PROJECT VALUATION \$
	SIGNATURE:			DATE:	ELECTRICAL VALUATION \$

Sign Type	Check One:		Check all that apply:		
	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY Begin Date: _____ End Date: _____		<input type="checkbox"/> WALL <input type="checkbox"/> FREESTANDING <input type="checkbox"/> PROJECTING <input type="checkbox"/> MARQUEE <input type="checkbox"/> BANNER <input type="checkbox"/> ROOF <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> SINGLE-FACED <input type="checkbox"/> DOUBLE-FACED <input type="checkbox"/> TRIPLE-FACED OR MORE <input type="checkbox"/> WINDOW <input type="checkbox"/> SIDEWALK SIGN		

Project	DESCRIPTION:
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Required Drawings	SITE PLAN REQUIREMENTS: SUBMIT A SCALED SITE PLAN DRAWING THAT INCLUDES THE FOLLOWING: 1. Property lines of the property the sign is to be located on. 2. Scale and north arrow. 3. Location of public streets, alleys, and driveways. 4. Location and dimensions of building(s) on the property. 5. Location of sign(s), existing and proposed. 6. Setbacks of signs from the property lines.	ELEVATION DRAWING REQUIREMENTS: FOR FREESTANDING SIGNS, SUBMIT ITEMS 1-4. FOR ALL OTHER SIGNS SUBMIT ALL OF THE FOLLOWING: 1. Dimension sign frame, sign base, including height, width, depth, (from grade for freestanding signs). 2. Text/figure design and dimensions of the copy/wording/verbiage. 3. Colors and materials of the sign (including frame, sign face, and base). 4. Indicate type of illumination/lighting to be used (direct/indirect/internal). Illuminated signs require permit and details for electrical work. 5. Building elevation, including dimensions of wall and existing signs. 6. Location of the sign on the building(s) or relative to the building(s). 7. Details of all connections, guy lines, supports, and footings. 8. Foundation plans are to be stamped by a licensed structural engineer.
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Applicant	The information given on this application is accurate to the best of my knowledge. All provisions of laws and ordinances governing this work will be complied with, whether specified on this application or not. Granting a permit does not give authority to violate or cancel provisions of any other state or local law regulating construction or construction performance.	
	APPLICANT SIGNATURE	DATE

FOR OFFICE USE ONLY - FOR OFFICE USE ONLY - FOR OFFICE USE ONLY - FOR OFFICE USE ONLY - FOR OFFICE USE ONLY - FOR OFFICE USE ONLY

Building Frontage _____ Ft. Sign Height from Grade _____ Ft. Total Sign Area Allowed for Lot _____ Sq. Ft. Total Area of Existing Sign(s) _____ Sq. Ft. Proposed Sign Area _____ Sq. Ft. Area of Signage of Remaining _____ Sq. Ft.	COMMENTS/SPECIAL CONDITIONS:
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DATE RECEIVED	TEMP SIGN DISTRIBUTION <input type="checkbox"/> Code <input type="checkbox"/> Planning <input type="checkbox"/> LURA <input type="checkbox"/> Building – Sec. <input type="checkbox"/> Code	STAFF APPROVAL <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">INITIAL</td> <td style="width: 10%; text-align: center;">DATE</td> </tr> <tr> <td><input type="checkbox"/> Code</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Planning</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> LURA</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> </tr> </table>		INITIAL	DATE	<input type="checkbox"/> Code	_____	_____	<input type="checkbox"/> Planning	_____	_____	<input type="checkbox"/> LURA	_____	_____	<input type="checkbox"/> Building	_____	_____	<input type="checkbox"/> Other	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">FEE TYPE</td> <td style="width: 20%; text-align: right;">AMOUNT</td> </tr> <tr> <td>Building Permit Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>BOCO Use Tax</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>City Use Tax</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Electrical Inspection</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>TOTAL FEES</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	FEE TYPE	AMOUNT	Building Permit Fee	\$ _____	BOCO Use Tax	\$ _____	City Use Tax	\$ _____	Electrical Inspection	\$ _____	Other	\$ _____	TOTAL FEES	\$ _____
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