



SIGN PERMIT APPLICATION

Planning and Zoning
Huntington City Hall
800 Fifth Avenue
P.O. Box 1659
Huntington, WV 25717
(304) 696-5540, opt 3

Applicant Name: _____ Phone: _____

Email: _____

Property Owner: _____ Phone: _____

Business Name: _____ Phone: _____

Address (city, state, zip): _____

Sign Information

Address: _____

Zoning: _____ District: _____ Tax Map: _____ Parcel: _____

Sign Fabricator: _____

Phone: _____ City License #: _____

Installer (if different from above): _____

Phone: _____ City License #: _____

Total Estimated Cost (labor and materials): _____

Please answer the following questions regarding the proposed signage:

1. What is the linear frontage of the commercial space or building? _____

2. Will the sign(s) be: New _____ Replacement _____

3. Are there existing signs at this location that will remain? Yes ___ No ___

If YES, check the type and list the amount:

- | | |
|--|---|
| <input type="checkbox"/> ___ Awning/Canopy | <input type="checkbox"/> ___ Pole Sign |
| <input type="checkbox"/> ___ Changeable Copy | <input type="checkbox"/> ___ Projection/Suspended |
| <input type="checkbox"/> ___ Home Occupation | <input type="checkbox"/> ___ Sidewalk Sign |
| <input type="checkbox"/> ___ Marquee | <input type="checkbox"/> ___ Wall Sign |
| <input type="checkbox"/> ___ Monument | <input type="checkbox"/> ___ Other: _____ |

4. What type of sign(s) is/are being proposed? (check the type and list the amount)

- | | |
|--|---|
| <input type="checkbox"/> ___ Awning/Canopy | <input type="checkbox"/> ___ Pole Sign |
| <input type="checkbox"/> ___ Changeable Copy | <input type="checkbox"/> ___ Projection/Suspended |
| <input type="checkbox"/> ___ Home Occupation | <input type="checkbox"/> ___ Sidewalk Sign |
| <input type="checkbox"/> ___ Marquee | <input type="checkbox"/> ___ Wall Sign |
| <input type="checkbox"/> ___ Monument | <input type="checkbox"/> ___ Other: _____ |

5. What are the specifications of the proposed sign(s)?

Sign 1 type: _____

Dimensions: _____ x _____

Square footage: _____

Projection from wall: _____

Height from Grade: _____

Illumination type:

- Internal
- External
- Direct (Exposed Source)

Facings:

- Single-sided
- Double-sided

Sign 2 type: _____

Dimensions: _____ x _____

Square footage: _____

Projection from wall: _____

Height from Grade: _____

Illumination type:

- Internal
- External
- Direct (Exposed Source)

Facings:

- Single-sided
- Double-sided

Sign 3 type: _____

Dimensions: _____ x _____

Square footage: _____

Projection from wall: _____

Height from Grade: _____

Illumination type:

- Internal
- External
- Direct (Exposed Source)

Facings:

- Single-sided
- Double-sided

****The following information MUST be submitted with this application before a review can be conducted****

- Site plan map and/or building elevation drawings drawn to scale with the location of the sign(s).
- Drawing/rendering of the proposed sign(s) showing dimensions.

I, the undersigned, do hereby certify that I have read and examined this document and do certify that all information included therein is true and correct to the best of my knowledge, and I authorize the City of Huntington to investigate all statements or other information contained in this application form and any attachments submitted with it. I understand and agree that any misrepresentation, falsification, or material omission of information may result in denial of my permit. I will comply with all applicable laws and ordinances whether specified herein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or performance of construction. I certify that all building requirements have been met, including wind load. Furthermore, I, the undersigned, do hereby agree to assume responsibility for any and all other liabilities which may arise or occur, including, but not limited to, any personal injuries or property damage, arising out of the use of said permit.

Print Name

Signature of Applicant

Date

**All applications to be submitted must be typed or legibly written in blue or black ink.*

FOR OFFICE USE ONLY

FOR OFFICE USE
Received: _____
Staff Initials: _____
Permit Number: _____

- Variance required
 - Approved
 - Denied
- Project Number:** _____
- Conditions: _____
- _____
- _____

Reviewed by: _____ Title: _____ Date: _____