

SIGN PERMIT APPLICATION

CITY OF ATLANTIC

Name of Applicant _____ Date _____

Business Address _____ Phone _____

Name of Owner _____

Address _____

Sign Mounting _____ Illuminated? _____

Size: Width _____ Height _____ Sq Ft _____

Height: Top Edge _____ Bottom Edge _____

Additional Comments _____

List Below other Signs on or Effecting Premises:

Location	Type	Size	Area
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Zoning _____ Frontage _____

Maximum Allowed Signage Area _____

Total Existing Signage Area _____

Requested Area this Application _____

