

CITY OF PORT LAVACA
APPLICATION FOR SIGN PERMIT
 PERMITS DEPARTMENT 202 N. VIRGINIA STREET PORT LAVACA, TX 77979
 PH: 361-552-9793

1. JOB ADDRESS				
LEGAL DESC.	LOT NO.	BLOCK	SUBDIVISION/ TRACT	
2. PROPERTY OWNER				PHONE
3. BUSINESS NAME				PHONE
4. CONTRACTOR		MAIL ADDRESS	ZIP	PHONE
5. ENGINEER		CERTIFICATION #		PHONE
6. TYPE OF SIGN				
FREESTANDING	WALL	CANOPY	PROJECTING	ROOF
SIZE OF SIGNS				
L	W	SQ.FT.	HGT.	UL#
L	W	SQ.FT.	HGT.	UL#
7. SETBACK DISTANCE:			8. STREET FRONTAGE:	
9. NUMBER OF EXISTING SIGNS:		SQ FT:	10. LOCATED IN A RESIDENTIAL AREA: YES NO	
11. ILLUMINATED/ ELECTRIC: NO DIGITAL ELECTRONIC <i>*ELECTRIC SIGNS REQUIRE ADDITIONAL INFORMATION (SEE BACK)</i>				
12. WALL, CANOPY, ROOF, & PROJECTING SIGNS:				
BUILDING FRONT/WALL DIMENSIONS			SQ.FT.	CLEARANCE _____
13. TOTAL SIGN(S) VALUATION: \$ _____				
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			Office Use Only:	
			Plans Checked by: _____ (Date)	
Signature of Contractor or Authorized Agent		Date		
		Plans Checked by: _____ (Date)		