



Planning and Development Division
823 Rosenberg, 4th Floor, Room 401, Galveston, TX 77550

SIGN PERMIT APPLICATION

DEVELOPMENT SERVICES DEPARTMENT

409/797-3660

planningcounter@cityofgalveston.org
www.cityofgalveston.org

I. PROPERTY INFORMATION

Street Address/Location, or

Legal Description (Lot Number, Block Number, Subdivision)

II. APPLICANT INFORMATION

OWNERSHIP (Check One): Individual Corporation Partnership Trust

If ownership is a trust or corporation, list the partners or principal, their address and positions on a separate attachment

Property Owner Name

Telephone

Mailing Address

E-mail Address

Applicant/Representative Name

Telephone

Mailing Address

E-mail Address

III. NEW SIGN DESCRIPTION

Sign Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Detached
(Pole/Monument/Pylon) | <input type="checkbox"/> Permanent Banner | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Directional (off-site) | <input type="checkbox"/> Projecting | <input type="checkbox"/> Under-Canopy |
| <input type="checkbox"/> Flat/Wall | <input type="checkbox"/> Roof | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Marquee | <input type="checkbox"/> Subdivision | |

Sign Measurements:

Width: _____

Height: _____

Area: _____

Illumination:

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> External | <input type="checkbox"/> Internal | <input type="checkbox"/> Non-Illuminated |
|-----------------------------------|-----------------------------------|--|

Total Sign Height: _____
(Including base materials)

IV. SIGN DESIGN (Wording, Logo Placement, Etc. If necessary, please attach additional sheets)

V. JOB VALUE

What is the value of the sign, including installation costs? \$ _____ (Staff reserves the right to request invoices, bids, etc.)

VI. EXISTING SIGN INFORMATION

Supply information on **all signs existing** on the property/business below. If none exist, leave blank and initial: _____

Sign Information	Sign #1	Sign #2	Sign #3	Sign #4	Sign #5
Type Detached, Flat, Projecting, Roof, Other					
Width					
Height					
Max. Height					
# of Faces					

VII. LAND USE INFORMATION

Present Use(s) and Improvement(s) on Property

Proposed Use(s) and Improvement(s) on Property

Is the proposed sign for a new business? Yes* No

Will this sign replace an existing sign? Yes No

*Was the property recently purchased? Yes No

Is the proposed sign associated with a Development Services Department case? Yes No

*Has a request for Certificate of Occupancy or Certificate of Zoning Compliance been submitted? Yes No

Please provide Case # associated with approval. _____

Will any electrical work be required? Yes* No

Will **any portion** of the parking lane, sidewalk area, or City right-of-way be blocked during the installation of the sign? Yes* No

*A separate electrical permit is required. Please contact the Electrical Inspector at 409-797-3624.

Is a site plan attached for **each** sign? Yes* No

*A **separate** temporary License to Use the City right-of-way permit is required.

*The sign must meet 150 miles per hour windload (with 3 second gusts) if detached.

Please contact Public Works at 409-797-3643.

ATTEST: I hereby certify that the above information is true and correct, and further that the permission of the owner and authorized lessee (if any) of the premises has been obtained for the subject sign. Additionally, the sign does not violate any applicable deed restrictions or other restrictions on the premises. Having read the restrictions and requirements of the Article 5 of the Land Development Regulations, the sign is being erected and maintained in compliance with the ordinance; and

FOR SIGNS THAT OVERHANG THE CITY RIGHT-OF-WAY, THE APPLICANT AND PROPERTY OWNER UNDERTAKE AND PROMISE TO HOLD THE CITY OF GALVESTON HARMLESS AND TO INDEMNIFY AND DEFEND IT AGAINST ALL SUITS, JUDGMENTS, COSTS, EXPENSES AND DAMAGES THAT MAY ARISE OR GROW OUT OF THE USE OR GRANT OF THE LICENSE TO USE CITY RIGHT-OF-WAY UNDER THIS AGREEMENT, REGARDLESS OF FAULT.

Signature of Applicant

Date

Signature of Property Owner

Date

Planning Division	Zoning District: _____	Building Division
Planning: \$ _____	Historic District Review: \$ _____	Building: \$ _____
Total Fees: _____		