



# SIGN PERMIT APPLICATION

CITY OF ONTARIO  
 444 SW 4<sup>th</sup> Street  
 Ontario OR 97914  
 Building Official 208-707-0725  
 Permit Desk 541-881-3224  
 Fax 541-881-3251

Building Permit # \_\_\_\_\_

**JOB LOCATION / ADDRESS** \_\_\_\_\_

**OWNER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NEW INSTALLATION OF SIGN**

**ALTERATION OF EXISTING SIGN**

**TOTAL NUMBER OF SIGNS** \_\_\_\_\_

**TOTAL SQ FT OF ALL SIGNS** \_\_\_\_\_

**REQUIREMENTS WHEN SUBMITTING**

- 2 SETS OF SIGN PLANS
- LIST OF EACH SIGN & SQ FT (LIST EACH ON BACK OF APPLICATION)
- PLOT PLAN

**TOTAL SIGN VALUE \$** \_\_\_\_\_

**PERMIT FEE \$** \_\_\_\_\_

## CITY APPROVALS

<p><b><u>ENGINEERING</u></b></p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>DATE: _____</p> <p>BY: _____</p> <p style="text-align: center;"><b>PUBLIC WORKS DEPARTMENT</b> 541-881-3238</p>	<p><b><u>PLANNING &amp; ZONING</u></b></p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>LAND USE ZONE ____ FLOODPLAIN? YES/NO</p> <p>SETBACKS: Front ____ Side ____ Rear ____</p> <p>NOTES _____</p> <p>BY: _____</p> <p style="text-align: center;"><b>P&amp;Z ADMINISTRATOR</b>    DATE: _____ 541-881-3222</p>	<p><b><u>BUILDING</u></b></p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>DATE: _____</p> <p>BY: _____</p> <p style="text-align: center;"><b>BUILDING OFFICIAL</b> 541-881-3220</p>
<p><b><u>FIRE DEPARTMENT</u></b> 541-881-2330</p> <p>APPROVAL CONDITIONS? YES/NO</p> <p>DATE: _____</p> <p>BY: _____</p>		

## DESIGNATED CONTRACTORS

SIGN CONTRACTOR	MAILING ADDRESS	CCB #	PHONE
<p>I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. ALL WORK TO BE PERFORMED SHALL BE IN ACCORDANCE WITH ALL GOVERNING LAWS AND RULES. <b>THIS IS NOT A PERMIT.</b> THE CITY BUILDING CODES DEPARTMENT DOES NOT SURVEY PARCELS. APPROVAL GRANTED FOR THE PLACEMENT OF STRUCTURES IS SUBJECT TO MODIFICATION BY ACTUAL SURVEYED LOCATION OF EASEMENTS, RIGHTS OF WAY AND LOT LINES. THE OWNER IS RESPONSIBLE FOR ENSURING ACCURACY OF SETBACKS.</p>			

SIGNATURE OF APPLICANT	DATE	PHONE	EMAIL
<p>The City of Ontario is an AA/EEO employer in compliance with Section 504 of the Rehabilitation Act of 1973. If you need accommodations or interpretation services, contact the City at 889-7664 one working day prior to the need for services, and every reasonable effort will be made to accommodate your need.</p>			

