**APPLICATION FOR SIGN PERMIT (PERMANENT)**

**BUSINESS:**

<table>
<thead>
<tr>
<th>Name of Business</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Cost of Sign</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF SIGN:**

- Fascia [ ]
- Free Standing [ ]
- Illuminated [ ]

<table>
<thead>
<tr>
<th>Lumens</th>
<th>Square Footage</th>
<th>Height</th>
</tr>
</thead>
</table>

Describe supports for the sign: _____________________________________________________
_______________________________________________________________________________

**SIGN CONTRACTOR:**

<table>
<thead>
<tr>
<th>Sign Contractor’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>License Number</td>
<td></td>
</tr>
</tbody>
</table>

**Attach the following with this application:**

1. Survey/Site Plan showing proposed location of sign
2. Drawing of sign showing measurements
3. The location of all existing signs must be shown on the Survey/Site Plan

**I hereby certify that there are no other fascias or freestanding signs at this business location.**

Applicant’s Signature ____________________________ Date _____ / _____ / ______

**MARK R. JOHNSON**

**CITY OF COVINGTON**

**PLANNING AND ZONING OFFICE**

317 North Jefferson Avenue
Post Office Box 778
Covington, Louisiana 70434
phone 985.867.1214
fax 985.273.3014
email P&Z@covla.com
website www.covla.com

07/08/2019

**continued on next page . . .**
Applicant Requirements. Applications for sign permits shall be made upon application forms and shall contain or attached to the following:

a. A completed sign permit application providing all applicable information reasonably requested by the City Officials;
b. Written consent of the owner of the property or his agent granting permission for the construction, maintenance and display of the sign or sign structure (if applicable);
c. Name, address and telephone number of the property owner, the sign owner, the sign contractor and any designated contact person;
d. Address of building, structure or lot to which or upon which the sign is to be attached or erected;
e. Position of the sign in relation to nearby buildings, structures or property lines;
f. A description of the size and location of all existing signs owned, leased or otherwise being used on the same property by the entity making application for a sign permit;
g. Any electrical permit required and issued for said sign.

OTHER FACTORS

1. Duration of permit. A sign permit shall remain in effect for six (6) months from issuance of the permit. If the sign is not completed within such six (6) month period, the permit shall expire.

2. Sight Triangle. No portion of any sign shall be located within any sight triangle required by this ordinance, nor shall any sign otherwise be located or installed in such a manner as to create a traffic hazard.

Application Filing Fee $ 50.00

PAID □ DATE: ______ / ______ / ______