Department of Permitting Services
Division of Building Construction
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
http://www.montgomerycountymd.gov/permittingservices

DPS

Application for Sign Permit

A. Type of Sign Permit

Type:

☒ Permanent Sign

☐ Limited Duration Sign

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FOR OFFICE USE ONLY:
Sign A/P#: _____
Sign Tag#: _____
Electrical A/P#: _____
Sign Permit Fee: _____
Date: _____

B. Location of Sign

Address _____

City _____ State MD Zip Code_____

Lot _____ Block _____ Parcel_____

If a limited duration sign is located within the public right-of-way, provide block number of street

C. Applicant Information

Name of Applicant _____ Phone #_____

Address _____ City _____ State _____ Zip Code_____

Contact Person _____ Phone # _____

Sign Installer_____ License # _____

Address _____ Phone # _____

City._____ State DC Zip Code _____

D. Permanent Sign Information

☒ On Building Wall ☐ Freestanding ☐ Canopy

☒ Illuminated ☐ Non-illuminated

Sign Message: _____

Sign Dimensions:

Length _____feet _____inches Width _____feet _____inches

Sign Area: _____ square feet Sign Height: _____feet _____inches

(top of sign to grade or sidewalk)

Number of Faces 1 Building Frontage _____ Linear feet Lot Width at Street: _____

Total area of all signs currently on building/premises: 0 square feet

E. Limited Duration Sign Information

LOCATION:

☐ Public Right-of-Way
Or
☐ Private Property

TIME OF DISPLAY:

☐ Weekends Only
Or
☐ Other Time Period

Sign Message: _____

Sign Dimensions:

Length: _____feet _____inches Width: _____feet_____inches

Sign Height: _____feet _____inches

F. To Be Read by the Applicant

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

_____ _____

Original Applicant's Signature Date Print Name

(If applicant is other than property owner, authorized agent must complete affidavit below)

AUTHORIZED AGENT AFFIDAVIT:

I hereby declare and affirm, under the penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of:

_____ _____

(Print property owner's name)

2. The work proposed by this sign permit application is authorized by the property owner, and

3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

_____ _____

Original Authorized Agent's Signature Date Print Name