



City of Rockville
 Dept. of Community Planning & Development Services
 Inspection Services Division
 111 Maryland Avenue • Rockville MD 20850-2364 • 240-314-8240

Application Date _____
OCC # _____
SGN _____

SIGN PERMIT APPLICATION

Please print clearly or type all information. Incomplete applications will not be processed.

SUBMIT 3 DRAWINGS WITH THIS APPLICATION SHOWING HOW SIGN IS TO BE ERECTED AND WHERE IT IS TO BE PLACED. SIGN DRAWINGS MUST INCLUDE DIMENSIONS OF THE SIGN, LETTERING AND BACKGROUND COLORS.

PROPERTY ADDRESS	Street Address including suite and zip code		
	Business owner/mgr		Phone
APPLICANT INFORMATION	Applicant		Phone
	Address		Zip Code
INSTALLER OF SIGN	Company Name		Phone
	Address		Zip Code
PROPERTY OWNER	Name		Phone
	Address		Zip Code
SIGN INFORMATION	Wording on Sign:		
	Location of Sign:		
	Sign is: Permanent or Temporary (circle one)		
	Type of sign (i.e. building, freestanding, leasing)		
	Style (channel letter, box sign)		
	Width	Height	Area of sign
	Ft.	Ft.	square Ft.
	Number of faces	Color	
Material	Height above grade	Setback from property line	
	Ft.	(if freestanding) Ft.	
Frontage of business	Is sign electric?	Yes No Existing	
linear feet	(circle one)	(box sign only)	

I hereby certify that this application for a sign permit is made on authority of the property owner and that I am authorized to make application and act on behalf of the property owner with respect to this sign.

Printed Name: _____

Signature: _____