

# Commercial Sign Permit Application

Town of Herndon – Building Inspections

777 Lynn Street 2<sup>nd</sup> Floor, Herndon, VA 20170

Telephone (703) 435-6850 Fax (703) 318-8492

E-Mail: [buildinginspections@herndon-va.gov](mailto:buildinginspections@herndon-va.gov)



<p><b><u>Site Location:</u></b></p> <p>Address: _____</p> <p><b><u>Owner Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p><b><u>Architect/Engineer:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>License #: _____ Exp. _____</p> <p><b><u>Contractor Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>State License#: _____ Exp: _____</p> <p>Phone Number: _____</p>	<p><b>PERMIT#</b> _____</p> <p><b><u>Project Information:</u></b></p> <p>Est. Construction Cost: \$ _____</p> <p>Tenant/Building Name: _____</p> <p>Sign Dimensions: _____</p> <p>Wall Mounted: _____</p> <p>Free Standing: _____</p> <p>ARB Approved (if applicable): _____</p> <p>HPRB Approved (if applicable): _____</p> <p>Master Sign Plan: _____</p> <p>Description/Comments: _____</p> <p>_____</p> <p>_____</p> <p><b><u>Submitter Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>E Mail: _____</p>
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I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Signature Contact, Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Print Name \_\_\_\_\_

RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF THE BUILDING OFFICIAL FOR ISSUANCE OF A BUILDING PERMIT