



CITY OF LAUREL

COMMUNITY PLANNING & BUSINESS SERVICES

8103 Sandy Spring Road • Laurel, MD 20707-2502
301-725-5300 • Fax: 410-792-2108

PERMIT NO.

SIGN PERMIT APPLICATION

DATE OF APPLICATION:

Complete all sections, marking "N/A" if not applicable. This application is for permanent signage, not temporary or special event signs. ALL APPLICATIONS MUST BE ACCOMPANIED BY A SCALED RENDERING OF THE PROPOSED SIGN. APPLICATIONS FOR FREESTANDING SIGNS MUST ALSO BE ACCOMPANIED BY A SCALED SITE PLAN SHOWING THE SIGN LOCATION.

DATE OF ISSUE:

PROPERTY ADDRESS:

APPLICANT NAME & ADDRESS:

TAX ID No.:

DAYTIME CONTACT NUMBER:

PROPERTY OWNER NAME & ADDRESS:

OCCUPANT NAME & ADDRESS:

DAYTIME CONTACT NUMBER:

SIGN CONTRACTOR (NAME & ADDRESS):

SIGN MESSAGE/COPY:

DAYTIME CONTACT NUMBER:

SIGN TYPE & SIZE:

WALL SIGN

FREESTANDING SIGN

SIGN DIMENSIONS (in sq. ft.)

FLATWALL
 PROJECTING
 OTHER:

AWNING SIGN
 WINDOW SIGN

PYLON/POLE
 GROUND/BLADE
 MONUMENT or LOW-PROFILE

OTHER DETAILS:

BUILDING FRONTAGE: _____
(along principle right-of-way in linear feet)

SIGN MATERIAL: _____

ILLUMINATED SIGN: YES or NO
*** Electrical Permit Required ***

For Freestanding Signs:
*** Building Permit Required for Footer ***

TOTAL HEIGHT: _____
(from grade to highest point of sign)

DIGITAL or CHANGEABLE COPY: YES or NO
*** Electrical Permit Required ***
*** Sign Copy Cannot Change More Often Than Once Every Fifteen (15) Seconds ***

CLEARANCE UNDER SIGN: _____
(from grade to lowest point of sign box/copy area)

FILING FEE: \$150.00 *(Permits are NOT required for Non-profit organizations. A written request must be submitted to the Director for approval)*

VALUE OF COMPLETION:

BALANCE DUE:

I hereby solemnly declare and affirm, under the penalties of perjury, that the foregoing application is correct and accurate and that I am authorized to submit foregoing application. Further, I affirm that construction will conform to all current City code requirements and that issuance of this permit does not exempt the proposed work from the conditions of permits required by other agencies and that **this permit will expire six (6) months from the date of issue, if no work has begun.** If work has begun, noticeable progress must continue. All work must be completed within 18-months from the date of issue.

SIGNATURE OF APPLICANT:

Date:

FOR OFFICE USE ONLY

Lot No.	Block No.	APPROVED by Planning & Zoning:	DATE:
Subdivision		APPROVED by Chief Building Official:	DATE:
Zoning Class		APPROVED by Department Director:	DATE:

CONDITIONS: