## SIGN PERMIT APPLICATION

		REV	/. 3/25
	P.O. BOX 220 McALLEN, TEXAS 78505-0220 NO. (Please type or print in black or blue ink)	NUMBER	
APPLICANT	NAME	PHONE	
	ADDRESS	EMAIL	
	CITY	STATE ZIP	
AP	CONTACT: NAME:	PHONE	
	OWNER	TENANT OTHER	
OWNER	NAME	PHONE	
	ADDRESS		
	СІТҮ	STATE ZIP	
	OWNER	TENANT OTHER	
PROJECT			
	TYPE OF SIGN FACE SIGN AREA	SIGN WIND SPEED SIGN MATERIAL MINIMUM 130 mph HEIGHT O.A	
		DISCONNECT SWITCH WITHIN 50 FT YES NO	
	PRIMARY PERMIT/PROGRAM BUILDING OCCUPANC		
	STRUCTURE BUILT BEFORE 1978 YES NO	BUSINES NAME	
	FOUNDATION/SUPPORT       WALL MATERIAL         CONCRETE SLAB       BLOCK         CONCRETE PIER       WOOD         CONCRETE BEAM       METAL         METAL       PLASTIC         WOOD       ALUMINUM         OTHER       OTHER	CABINET MATERIAL CITY PROGRAM  METAL AHSTI  WOOD IMAGINE TOMORROW PROGRAM  ALUMIUM REFRESH PROGRAM  PLASTIC OTHER  OTHER	
	LEGAL DESCRIPTION REQUIRED:		
	LOT BLOCK SUBDIVISION		
	SITE/PROJECT ADDRESS: STREET ADDRESS	STREET NAME STE/UNIT NO	
CITY USE ONLY	ZONING	REC'D BY PERMIT FEE \$	
	CONSTRUCTION COST:	DOUBLE FEE \$	
	\$	TIME	
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The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant herby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued. Every permit issued shall become invalid unless the work authorized by such permit is good for one year only.