WOLF POINT PLANNING DEPARTMENT

SIGN PERMIT APPLICATION

201 4th Avenue South
Wolf Point, MT 59201
(406) 653.1852
wppublicworks@nemont.net

Application # _____ *(staff use only)* Submittal Date _____ *(staff use only)*

This application is for commercial signage. Residential sign restrictions are noted in Section 11.02.050.3 of the Wolf Point Zoning Ordinance, and are not required to obtain a sign permit. This application shall be accompanied by a non-refundable review fee which is on file with the city's Zoning Administrator. Incomplete applications will be returned to the applicant.

APPLICANT

Physical Address _____ Lot _____ Block _____ Subdiv. _____

Business Name _____ Business Address _____

Applicant Name _____ Applicant Address _____

Applicant Phone _____ Applicant Email _____

Property Owner *(if different)* _____ Owner's Email *(or phone #)* _____

BUILDING & SIGNAGE

Existing Use _____ Existing Zoning District _____

Is there existing signage at this property? _____

Provide square footage of existing: _____ Provide square footage of new: _____

Type of proposed signage? *(Freestanding, projecting, wall)* _____

Your initial below confirms that your proposal *(i.e. narrative including dimensioned drawing)* demonstrates:

_____ that the sign is structurally safe & securely anchored

_____ that the sign will not be a nuisance to adjacent properties *(ie. glare, animation, flashing lights or otherwise)*

_____ that the sign does not conflict with or detract from public traffic control signage

_____ that the sign is not located on public property *(unless approval is given by governing body - 10 day maximum)*

SUBMITTALS

_____ Application _____ Narrative and Plan of Proposal *(narrative indicating: signage type and dimensioned drawing of sign, proposed location on the property)*

_____ Review Fee _____ Business License # _____

APPLICANT AGREEMENT

Application fees are nonrefundable. Incomplete applications will be returned to the applicant. The issuance of an approval does not guarantee compliance with applicable building codes. Refer to the City of Wolf Point Zoning Ordinance Section 11.02.050.3 for more details. The undersigned declares the above provided information is true and accurate, and that failure to provide accurate information may result in rejection of this application and/or possible revocation of the permit where wrongfully issued. Your signature below indicates that you understand these requirements and restrictions.

Applicant Signature _____ Date _____