

CITY OF FAIRBANKS SIGN PERMIT APPLICATION

JECT NAME/NUMBER:								
	ER:	EER:						

							OFFICE US		
APPLICANT TO COMPLETE N			F	PLEASE PRI	NT		IC		
1. DATE	2. JOB ADDRESS						OFF		
3. LEGAL PAN	# LOT NO.	BLK	SUBDIVISI	ON		4. JOB NAM			
DESCRIPTION FAIN	# LOT NO.	BLK	SUBDIVISI	ON		4. JOB NAM	E		
5. APPLICANT	MAIL ADDRESS		CITY/STAT	E/ZIP	PHONE	FAX	EMAIL		
6. OWNER	MAIL ADDRESS		CITY/STAT	E/ZIP	PHONE	FAX	EMAIL		
7. CONTRACTOR	MAIL ADDRESS		CITY/STAT	E/ZIP	PHONE	FAX	EMAIL		
10. LETTERS DISPLAYED	ON SIGN					11. TOTAL V	VALUE OF WORK PE STRATIVE CODE	R SECTION 304.2 CITY OF	
12. CLASS OF WORK	□ NEW □ ADDITION	N	RATION	☐ REPA	AIR	☐ DEMOI	LITION		
14. ATTACHED SINGLE C.	ABINET:		15. ATTAC	ATTACHED MULTI CABINET:			16. # OF CHANNEL LETTERS		
17. FREE STANDING OVE	R 10 FEET:		18. FREE S	STANDING UNDER 10 FEET:					
			_		-				
				OTICE					
SEPA	RATE PERMITS ARE RE	QUIRED FOR	STREET D	IGGING, I	ELECTRICAL, PL	UMBING AND	MECHANICAL WO	ORK	
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS					PERMIT FEES				
NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS ST NO INSPECTIONS ARE MADE FOR A PERIOD OF 180 DAYS AT ANY TIME AFTI COMMENCED.		CD WODIZ IC			SCRIPTION		FEE		
	CITY OF FAIRBANKS ADMINISTRATIVE (
THE SAME TO BE CORRECT.	AVE READ AND EXAMINED THI ALL PROVISIONS OF LAWS ANI E COMPLIED WITH WHETHER	D ORDINANCES C	GOVERNING						
THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLA CANCEL THE PROVISIONS OF ANY LAW REGULATING CONSTRUCTION, SETBAGE EASEMENTS OR THE PERFORMANCE OF CONSTRUCTION. I AGREE THAT THE W WILL BE DESCRIBED ABOVE PER THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS FURTHER SET FORTH BY THE BUILDING DEPARTMENT. IT IS THE DITTLE APPLICANT TO INSURE THAT THE WORK IS EXPOSED AND ACCESSIBLE FOR INSPECTION UNTIL APPROVED BY THE BUILDING OFFICIAL AS SPECIFIED IN TAILURING CODE.		TBACKS,							
		NS AND HE DUTY OF BLE FOR	F						
				APPROVED	FOR ISSUE BY:		SUBTOTAL		
PRINT NAME AND TITLE (OWN	IER OR CONTRACTOR)		DATE:				PLAN CHECK FEE		
							PERMIT FEE		
SIGNATURE OF OWNER, CONT	RACTOR OR AUTHORIZED AGE	ENT	DATE:	DATE:			TOTAL FEE		
CITY OF FAIRBAN	KS BUILDING DEPARTN	MENT 800	CUSHMA	N STREET	, FAIRBANKS A	K 99701	PHONE 459-6720	FAX 459-6719	