

## CITY OF ROGUE RIVER

133 Broadway • Box 1137 Rogue River, Oregon 97537 • (541) 582-4401 Fax: (541) 582-0937 • website: cityofrogueriver.org

## SIGN PERMIT APPLICATION

Fee: \$25.00 per sign, plus \$1.00 for each foot over 25 square feet. 3% tech fee applied to total.

Dusings Name			
Business Name:	1741 (81)	71.50	Dhone
			Phone:
Applicant Name:			
Mailing Address:			
Legal description of property: T		Charles an appropriate	
All Criteria come from Rogu	e River Municipal Code 17	'.85; it is recommende	ed to review prior to any planning of signage.
NUMBER AND TYPE OF SIGN	NS REQUESTED: (i.e. grou		etrical etc.)
2.	t si pina je "15	A Property of the	
3.	<u> 1 (13 - 3), ment 3,1</u>		
4.	A STAN OF THE		
Note: If your applying for a ground sig	n you must determine if placement	will interfere with any under	ground lines, pipes, etc.? Please call 811 before you dig.
ARE ANY OF THE SIGNS TEN	MPORARY? EXP	PLAIN:	
ARE THERE ANY ALTERATION	ONS TO EXISTING SIGNS?	EXPLAIN:	
ATTACH AN 8½" X 11" DRAW	/ING AND SITE PLAN OUT	LINING ALL OF THE F	FOLLOWING:
Size of each s	ian requested		
Size of each e			
			l existing signs in relationship to sidewalks,
	king lot, street and location		
	truction proposed for each	on sign: i.e. wood, me	etal, vinyl, canvas or glass and how it will be
Photo or artw			
			원인 그 사람이 이렇게 하는 것 같아요.
I hereby affirm that the informat	tion set forth above is correct	t to the best of my know	wledge:
			Date:
Signature of Applicant(s)			
******	************************* (Do no	ot write below this line) ****	************
Received by: Da	ate: Applicant in	nformed of meeting date:	Alle and the second of the second
Staff comments for Sign Review Board		n jiring by <del>t</del>	
	T	******	*********
	(Proc	cess after Approval) ******	
Received	by: Date Paid:	Receipt No.:	Amount: \$





## PLANNING/BUILDING/PUBLIC WORKS APPLICATION REVIEW AND SIGN OFF

(Staff to be review for placement and structure of this proposed sign and provide any comments on the Permit Clearance Sheet)

Planning Department Building Department Public Works Department	YES YES YES	NO NO NO	DATE: DATE: DATE:	INITIALINITIALINITIAL				
IF NOT, WHY:								
ACTIONS OF THE SIGN REVIEW BOARD								
DATE SIGN APPLICATION	RECEIVED E	BY THE BOA	ARD:					
					250			
WAS SIGN APPLICATION C								
DATE INCOMPLETE SIGN	APPLICATIO	N RETURNI	ED TO APPLICAN					
				DATE: BY WHOM:				
				PECTION?	20 a 20			
WHO WAS PRESENT?								
WERE ANY SUGGESTED C				NSPECTION? YES NO				
			1 1 2					
WERE ANY VARIANCES AL	LOWED? Y	ES N	10					
WERE ANY CONDITIONS S IF YES, EXPLAIN:								
WAS APPLICATION APPRO								
GENERAL COMMENTS OR	RECOMMEN	NDATIONS	TO THE APPLICA	VT:				
		1.0						
FEE ASSESSED \$25.00 X (NUMBER OF SIGNS TIMES \$25 F				RE FEET = \$ TOTAL DUE				
APPROVED BY:								
CHAIRS SIGNATURE:	- 17 ]		$= 0.01  \text{m}^3 = 0 = 0.01$	DATE:				
MEMBERS SIGNATURE:			1 = v . 3	DATE:				
MEMBERS SIGNATURE: DATE:								