

**Sign Permit Application**  
**CITY OF GRANDVIEW CODE ENFORCEMENT**  
Grandview, WA 98930  
(509) 882-9225

OWNER: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_ TAX PARCEL NUMBER: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_ CONTRACTOR PHONE: \_\_\_\_\_  
CONTRACTOR MAIL ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
CONTRACTOR LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
BUILDING USE:      CIRCLE ONE  
                  INDUST    COMM    SF    MF    PUBLIC    FED

Is Sign New or a Replacement? \_\_\_\_\_

Type of Sign \_\_\_\_\_

Description of Sign \_\_\_\_\_

Dimensions \_\_\_\_\_ Electrical Load \_\_\_\_\_

Height off Ground \_\_\_\_\_ Set Back \_\_\_\_\_

Material(s) \_\_\_\_\_

I hereby certify that I have read and examined this application to know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date