



Sign Permit Application
Development Services Center
810 Union Street, 4th Floor, Norfolk, Virginia 23510
(757) 664-6565

Sign Permit #_____

Location of Work_____ Unit/Lot_____ Application Date_____

Applicant: Owner Contractor Agent Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	Contractor State License #_____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Name _____	Building Co. Name _____
Address _____	Authorizer's Name _____
City/State/Zip _____	Address _____ City/State/Zip _____
Phone # _____ Fax# _____	Phone # _____ Fax # _____ Cell Phone # _____
E-Mail Address _____	E-Mail Address _____ Other _____

Type of Property: Residential Multi-Family Commercial

Type of Work: Wall Sign Temporary Sign Other _____
 Freestanding Sign Face Change of Existing Sign

Project Cost \$_____ Square Foot of Sign_____ Building Frontage_____ Property Frontage_____

Scope of work: _____

I agree to work in conformity to the zoning ordinance, regulations of the City of Norfolk, & Statewide Building Code.

Print Name: _____

Signature: _____

Date: _____

Approval from Other Departments

Environmental _____

Zoning _____

Office Use Only

Zoning _____ Flood Zone _____ CBPA yes no

Building Remarks

Approved by _____ Date _____

Permit Fee \$_____ Plan Review Fee \$_____ Admin Fee\$_____

State Surcharge \$_____ Tech Fee \$_____ Total Fee \$_____

Cash_____ Check #_____ Credit_____

Remarks _____