



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