CITY OF FOLEY
APPLICATION FOR SIGN PERMIT

NAME, ADDRESS, PHONE NUMBER:

Contractor:_________________________________________ Phone__________________
Owner:____________________________________________ Phone__________________
Email:____________________________________________ Fax:_____________________

Business Name:_________________________________________________________________
Project Address:________________________________________________________________
Tax Parcel ID #:________________________________________________________________
Zoning District:___________________ Existing Signs:________________________________
Project Valuation:_________________Permit Fees:______________Report Code:____________
CICTP Fee:______________________Receipt:__________________Date:_________________

FREE-STANDING SIGNS:

Single Tenant:____________ Shopping Center:____________ Other:____________________
Square Footage of Building:_____________________________________________________
Sign Face Square Footage:__________________________ Height of Sign:________________
Illumination – Direct:___________ Indirect:_________ Neon (Max 9000 volt):___________

Stamped by approved architect/engineer for free standing signs over 32 square feet, or elevated higher than 9 feet to the top of the sign regardless of size, shall be designed by a licensed enginer, providing wind load information (140 mph), and shall bear the stamp and signature of same providing. Required: Yes ________ No_________

WALL OR PROJECTING SIGNS:

Single Tenant:___________ Shopping Center:__________ Other:____________________
Square Footage of Building:______________ Square Footage of Building Front:__________
Sign Face Square Footage:______________________ Height of Sign:____________________
Illumination – Direct:________________ Indirect:__________ Neon (Max 9000 volt):___________

If Applicable:
Percentage of Increase:___________________________________________________________
State Highway Release:____________________________________________________________
Board of Adjustments and Appeals Variance Granted:___________________________________
Zoning:________________________________________________________________________
Building:________________________________________________________________________

Approved ____________________ Date __________________ Contractor ____________________ Date __________
LOCATION OF FREE-STANDING SIGNS:
Distance from Intersection of Streets, Alleys or Driveways

![Vision Clearance Areas](image)

**Requirement by Street Classification**

<table>
<thead>
<tr>
<th>Distance in Feet</th>
<th>Street Type</th>
<th>Drive way</th>
<th>Local Street</th>
<th>Collector /Arterial</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Driveway</td>
<td>25</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>30</td>
<td>Local Street</td>
<td>25</td>
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</tr>
</tbody>
</table>

SITE/MAP LOCATION OF SIGNS: