



CITY OF EMORY
 PO BOX 100 / 399 N. TEXAS ST.
 EMORY, TEXAS 75440
 903-473-2465

SIGN PERMIT

OWNER: _____ LOCATION: _____
 ADDRESS: _____ PHONE: _____
 SIGN COMPANY NAME: _____ ELECTRICAL CONTRACTOR: ____ YES ____ NO
 ADDRESS: _____ NAME: _____
 CITY: _____ ST: _____ AGENT: _____
 PHONE: _____ TX. LIC.#: _____
 SIGN CO. LIC. #: _____ PHONE: _____

**A SCALED LOCATION DRAWING IS REQUIRED BEFORE ISSUANCE OF SIGN PERMIT.
 PERMIT FEE IS BASED ON TOTAL SQUARE FEET OF ALL SIDES OF SIGN.**

Square feet per side X number of sides = Total Square Feet

<u>Total Square Feet</u>	<u>Permit Fee</u>
Up to 50 sq. ft.	\$50.00
51 sq. ft. to 100 sq. ft.	\$75.00
101 sq. ft. to 200 sq. ft.	\$100.00
201 sq. ft. to 672 sq. ft.	\$250.00

FEE TOTAL: _____

NOTICE TO APPLICANT: This permit becomes null and void if work or construction authorized is not connected within 180 days; or if construction or work is suspended or abandoned for a period of 180 days at any time after work commences. I have carefully read the complete application and know the same is true and correct. I understand the ordinances governing the construction activity described in this application and agree to comply with all provisions of the city ordinances, State laws, all property restrictions, whether specified or not. As the owner of the above property or a duly authorized agent, I hereby grant permission to enter the premises and make all necessary inspections. Permit may be declared void if issued in error.

******PERMIT FEES DOUBLE FOR WORK PERFORMED WITHOUT A PERMIT******

APPLICANT SIGNATURE: _____ DATE: _____
 DATE OF BIRTH: _____ DL#: _____ ST.: _____
 RECEIVED BY: _____ APPROVED: _____
 FEES PAID: ____ CASH ____ CHECK# ____ CREDIT CARD