

SIGN PERMIT APPLICATION

PLANNING DIVISION/PLANNING & COMMUNITY SERVICES DEPARTMENT

2825 3RD AVE. NORTH, 4TH FLOOR, BILLINGS, MT 59101, 406-247-8676



****E-mail the completed application form and attachments in pdf format to: plnonline@ci.billings.mt.us**

Incomplete Applications will be denied and returned**						
Location Street Address:**						
Legal Description:**	Lot	Block	Tract/Subdivision	Length of Property Frontage	Length of Building Frontage	Zoning
Owner/Business:**			Mailing Address	City		Zip
Sign Contractor:			Mailing Address	Phone #		License #
Type of Sign:**	Pole/Free Standing	Wall		Awning		Other
Sign Reads:**						
Dimensions of Sign:**	Height	Width	Area	Setbacks from Property Line:**	Front	Side
Height of Pole Sign:**	To Bottom		To Top		Height of Wall or Awning Sign:**	
Other Signs on Property:**	Number	Size	Location		Size:	Location
	Number	Size	Location		Size:	Location
Submit a site plan of property showing frontages, setbacks, sign location, building location and other information.**						
Submit a detailed sketch of sign structure itself showing dimensions, height, type of construction, footing, method of attachment, and electrical information.**						
Remarks and Special Conditions:						
<p>AGREEMENT:</p> <p>This permit becomes null and void if installation is not commenced within 120 days from the date of such permit. If work authorized by such permit is suspended or abandoned for 120 days any time after work is commenced, a NEW permit must be obtained before work can be recommenced.</p> <p>Separate permits are required for electrical installations and hookups.</p> <p>No animated signs or signs with flashing lights allowed. (Sec. 27-708 City Code, Article X County Sign Code)</p> <p>The undersigned hereby agrees that the proposed work shall be done in accordance with the plans, specifications and statements herewith submitted, and in conformity with the provisions of the Uniform Building Code pertaining to the erection of structures within the City of Billings.</p>						
APPLICANT SIGNATURE			DATE		PHONE #	
FOR OFFICE USE ONLY						
Section of Sign Code Authorizing Sign:						
Permit #:	Application Accepted by:		Plans Checked by:		Building Permit Required: Yes_____ No_____	
Permit Total:	Applicant Notified:		Check #:		Receipt #:	
Staff Signature					Title	
					Date	

**** = Fields to be completed and site plan and sketch of sign required for application to be complete.**