For Office Uses Only: DATE ISSUE	=n∙	Permit#	Fee \$				
		DEPARTMENT - API		SIGN PERMIT			
JOB ADDRESS							
		ling to the following detailed statemer tallation of said work, whether specific		h plans and specifications. All provisions of PLEASE PRINT			
Owned by	Owner Address						
Sign Contractor							
Address	Telephone #						
TYPE OF SIGN: Ground ☐ Project	ting □ Wall □ Billboard □ 0	Dpen ☐ Roof ☐ Other ☐ Sq. Ft					
Length Height	Thickness	Linear Feet of front façade	No. of Existing Sign	sSq. Ft			
Location of building (Attach Plot Plan	n)		·				
Attach Sketch of Sign or Signs to sca	ale						
Materials	rerials Anchorage			Design Wind Load			
Illuminated: YES □ NO □ Type_							
				Type E			
Address			Telephone #				
I, We hereby grant to			per	mission to erect sign as above specified.			
Owner Signature		Contractor Signature					
Authorized Agent		Agent Address					
Registration of Sign	stration of Sign Person Maintaining Sign						
Remarks							
Cost Fee	Date	Approved	Building Official	Date			
I hereby swear that the foregoing applica	tion is authorized by the owner in fe	ee and that said applicant is authorized by	the owner in fee to make said app	lication.			
Personally Appeared	Authorized Agent for	Owner	9:	anature of Authorized Agent			

Who made oath that the statements herein were true and correct before me this \_\_\_\_\_ day of \_\_\_\_\_

Schedule of Fees: Permit Fee \_\_\_\_\_

Zoning Fee\_\_\_\_\_

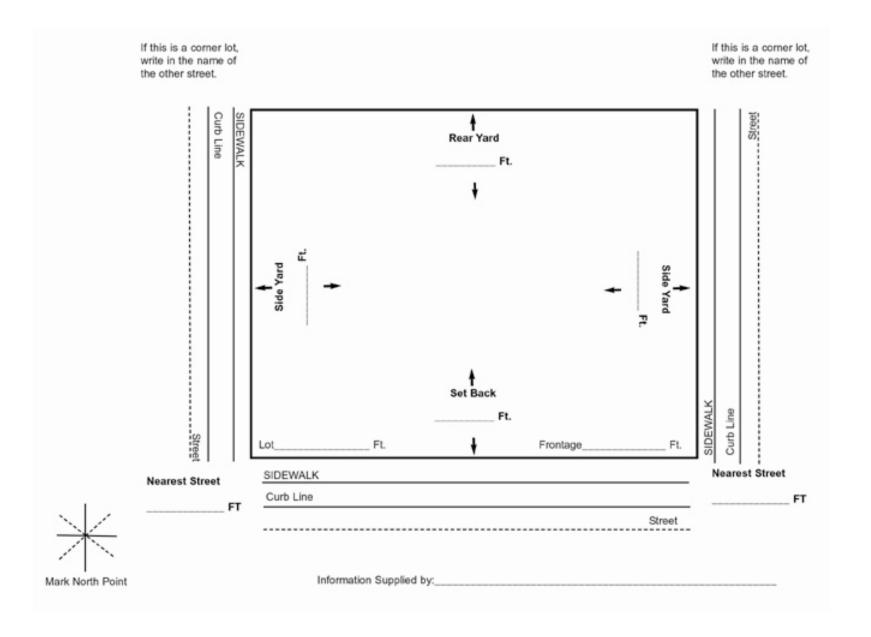
Notary Public \_\_\_\_\_

Signature of Authorized Agent

PERMIT WILL NOT BE APPROVED UNLESS FILLED OUT IN DETAIL

## CITY OF WEST HAVEN - BUILDING DEPARTMENT - BUILDING PERMIT PLOT PLAN

Plot Plan showing to scale the size and location of all the new construction and all existing structures on the site, distances from lot lines and the established street grades; and it shall be drawn in accordance with an accurate boundary line survey. In case of demolition, the plot shall show all construction to be demolished and the location and size of all existing building and construction that are to remain on the site or plot.



## THE CITY OF WEST HAVEN BUILDING DEPARTMENT

The following information is to	be completed and provided	to the West Haver	n Building Department	at the time of the per	mit application:	
Date:	Job Ad	dress:				
Applicant's Name:			Phone:			
Brief Job Description						
The current governing State E	Building Code (SBC effective	12/31/05 is the 20	05 SBC			
days after filing and		within such 30-da	y period. If the applica	tion or construction d	ocuments do not conform to	nd amendments thereto within 30 o the requirements of this code
the municipality with		the official charged				eject to the zoning regulations of ructure is in conformity with such
Safety Code shall be		rithout certification	in writing from the loca	al fire marshal that the		e 2005 Connecticut State Fire or such building, structure or use
Provide the following appropr	iately <b>completed</b> form at the	time of the buildin	g permit application (L	Do not delay action of	building permit applications	s by an incomplete form)
Name of the Approving Governm	ent Agency	Date	YES	NO	N/A	
<ol> <li>State Traffic Commission</li> <li>West Haven Zoning Departme</li> <li>West Haven Health Departmen</li> <li>West Haven Fire Department (</li> <li>West Haven Public Works Department</li> </ol>	nt Three Separate Districts)					
Other						
In order to process your ap	plication you may be requi	ired to provide su	pporting documents	regarding the above	e referenced approvals.	
Confirm the following SBC 2005	Code Requirements		YES	NO	N/A	
<ol> <li>Has a complete set(s) of const</li> <li>Does the construction project r</li> <li>Does the project exceed the th</li> <li>Has a Special Inspection form</li> <li>Does the project require third p</li> <li>Has a certificate of energy con</li> <li>Tax status of project?</li> </ol>	equire a design professional? reshold limits? been submitted? party review?	d?				

In order to process your application you may be required to provide supporting documents regarding the above referenced items.