TOWN OF TUSAYAN

845 Mustang Street
P.O. Box 709
Tusayan, AZ 86023
(928) 638-9909

APPLICATION FOR SIGN PERMIT

Application No.:_____ Date Received:_____ Fee: $_____

Receipt No.:_____ Received by:_____

In order to expedite processing of this application for a Sign Permit, and to eliminate unnecessary delays to the applicant, the Zoning Administrator will not accept this application unless all items have been checked off, and this application form has been signed and dated. In addition, all information is to be submitted in a neat and legible format, and all drawings drawn to scale.

In the event errors or omissions are discovered, the application will be deemed incomplete, and will be returned to the applicant for revision.

Application Information:	Business Information:
Applicant's Name:_____	Name:_____
Phone No.:_____	Phone No.:_____
Cell No.:_____	Cell No.:_____
Mailing Address:_____	Mailing Address:_____
_____	_____
_____	_____

Assessor's Parcel Number:_____

Zone District:_____ General Plan Designation:_____

Sign(s) Description (check all that apply):

Free Standing	☐	Pole	☐
Wall	☐	Changeable Copy	☐
Ground/Monument	☐	Double-faced	☐
Painted on Wall	☐	Marquee	☐
Illuminated	☐	Under Marquee	☐
Other	☐		

Valuation of Sign(s): $_____

Pursuant to A.R.S. § 9-495, for inquiries please contact the Town Manager via email at tusayantownmanger@tusayan-az.gov or by phone at 928.638.9909

Text (copy and colors) of Sign(s): _____

_____

Submit two (2) copies of the following drawings and details:

□ Site plan showing all existing and proposed signs on the property.

□ Wall elevations with dimensions and sign locations.

□ Drawing(s) depicting height, width, and depth of proposed sign(s). Include details showing how sign is attached to wall or ground.

□ Drawing(s) of proposed sign showing text, logos, colors, etc., with dimensions.

□ Electrical and Structural Engineering details (if applicable).

APPLICANT'S SIGNATURE AND DATE INDICATES COMPLETION AND INCORPORATION OF THE ABOVE-MENTIONED ITEMS INTO THIS SIGN PERMIT APPLICATION.

I certify that I am the record owner or authorized agent, and that the information filed is true and correct to the best of my knowledge.

_____ _____

Applicant's Signature **Date**

_____ _____

Owner's Signature **Date**