

The Town of Blades Blades, Delaware

Application for Sign Permit

Permit Number _____ Date _____

Property Owner: _____

Address: _____ Phone Number: _____

Owner of Sign: _____

Installer of Sign: _____

Address: _____ Phone Number: _____

Location of Sign: _____

Size of Sign: Width _____ Height _____ Number of Faces _____

Material of Sign: _____

Height from Ground: _____

Sign to be Electric: Yes No Wind Loads: _____

Spectacular Sign: Yes No

Check Type of Sign:

Walls Sign _____ Projecting Sign _____

Roof Sign _____ Marquee Sign _____

Ground Sign _____ Shingle Sign _____

Please attach sketches showing how sign is to be erected, places and how to be fastened to make secure. Also plot plan showing building or sign setback from property line.

Cost of sign _____ Permit Fee: _____

Approved: Yes _____ No _____

Signature of Building Official: _____

Signature of Applicant: _____

Reason Denied: