



Sign Permit Application

All fields must be filled in completely or the application will be denied. Please indicate if a field is not applicable.

Date of Application: _____ Project Address: _____

Name and Date of Approved CSP: _____

Applicant Name: _____ Phone: _____ Email: _____

General Contractor _____ CoBH Registration #: _____

General Contractor Phone: _____ General Contractor Email: _____

Master Electrician Name*: _____ Phone: _____

Master Electrician State License #: _____ Email: _____

Master Electrician required to be listed, even if using in-house personnel, due to State Regulations

Total Job Valuation (Labor & Materials): _____ Electrical Sub-Valuation: _____

The following are required in order for the Sign Permit to be processed:

1. Complete and signed permit application
2. Approved Comprehensive Sign Plan
3. Architectural / Engineered stamped drawings with complete Code Analysis (**must be on first page of plan set**) and contact information that includes Name, Physical and Mailing Address, Email, and Phone number of Property Owner and Contractor.

Drawings stamped "Preliminary" or "Not for Construction" will not be accepted

I, as the applicant, hereby certify that I believe to the best of my knowledge that all information supplied with this application is true and correct. The issuance or granting of a permit based on the Plan Review of the submittal package shall not be construed to be a permit for, or approval of, any violation of any provision of the codes or of any other ordinances or resolutions adopted by the City of Black Hawk. All provisions and ordinances governing this type of work will be complied with whether specified herein or not. I understand that the granting of a permit does not presume to give any authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction. Any deviation from approved plans must be submitted to the building department for code review.

NOTE: In accordance with the City of Black Hawk fee Schedule additional plan review fees may be required. All additional fees will be invoiced separately.

Printed Name of Applicant or Authorized Agent: _____

Signature: _____ Date: _____