



CITY OF STANLEY

# Sign Permit Application

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Builder: \_\_\_\_\_ Architect: \_\_\_\_\_

Location: Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Structure: New: \_\_\_\_\_ Remodel: \_\_\_\_\_ Addition: \_\_\_\_\_ Repair: \_\_\_\_\_  
Renewal: \_\_\_\_\_ Fire Damage: \_\_\_\_\_ Water / Snow Damage: \_\_\_\_\_  
Type: Residence: \_\_\_\_\_ Commercial: \_\_\_\_\_ Educational: \_\_\_\_\_ Govt.: \_\_\_\_\_  
Religious: \_\_\_\_\_ Fence: \_\_\_\_\_ Sign: \_\_\_\_\_ Excavation: \_\_\_\_\_

Please describe in detail, the Sign and its use:

\_\_\_\_\_  
\_\_\_\_\_

Sign Type: \_\_\_\_\_ Sign Color: \_\_\_\_\_ Sign Height: \_\_\_\_\_  
Sq. Ft. of Building Facade: \_\_\_\_\_ Sq. Ft. of Sign: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Value of Completed Sign: \_\_\_\_\_

- ♦ Applicant must submit a Site Plan showing where the building sits on the property. Building plans and all specifications must also be attached to this permit application. Applicant is responsible for location of all property lines and set backs as well as ground water tables for a dry floor in a crawl space or basement. *The City of Stanley reserves the right to review all permit applications for 30 days.*
- ♦ This permit is issued subject to the ordinances contained in the Stanley Municipal Code, as amended, and it is hereby agreed that the work will be done as shown on the plans and specifications submitted with this application for a building permit as well as the description and completion date shown above and it will be completed in accordance with the ordinances pertaining and applicable thereto. Any building permit issued by the City of Stanley addresses only the requirements of the Stanley Municipal Code. Applicant is responsible for obtaining all other permits and certifications required by applicable law as promulgated by federal, state, county, or other local government authority.

**Approved By:** City Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Denied:** Code Section: \_\_\_\_\_ Description: \_\_\_\_\_ Date: \_\_\_\_\_

**Site Plan Submitted:** Date: \_\_\_\_\_

**Building Plan Submitted:** Date: \_\_\_\_\_

**Boundary Agreement for Boundary Fence:** Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Plan Check: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Please send white copy to:

City of Stanley  
P.O. Box 53 Stanley, ID 83278  
Tel: 208.774.2286 / Fax: 208.774.2278  
www.stanley-idaho.org