SIGN APPLICATION - PERMIT

City of Custer City
Planning Department
622 Crook Street
Custer, SD 57730
605-673-4824

Permit Fee: _____

Permit / Receipt #: _____

Cash ___ Check ____ CC ____

Received By: _____

Applicant_____

Mailing Address _____

_____

Phone#_____

Sign Location Address _____

Sign Legend _____

Sign Size _____

Block _____ Lot _____

Zoning District _____

Please Attach a Sketch or Picture of Sign, with dimensions to Application

Sign Contractor's Name _____

Sign Contractor's Ph. #_____

Building Contractor's Name _____

Building Contractor's Ph.#_____

Building Contractor's License _____

Conditions Required by Planning Administrator

_____

_____

_____

_____

_____ PERMANENT SIGN

_____ TEMPORARY SIGN

PLEASE CHECK ALL THAT APPLY TO THE DESIGN OF THE SIGN.

_____ WALL SIGN (Not to Exceed 100sf)

_____ PROJECTING SIGN

_____ ROOF SIGN (B.4-Below Roof Line)

_____ POLE SIGN (B.6)

_____ SINGLE FACE SIGN

_____ DOUBLE FACE SIGN

_____ MULTI FACE SIGN

_____ ON-PREMISE SIGN

_____ OFF PREMISE SIGN (G)(K.4)

_____ MONUMENT SIGN (F.4,7&8)

_____ BILLBOARD SIGN (D)

_____ CANOPY SIGN

_____ BANNER SIGN (J.1)(J.5.b)(J.5.e)

_____ PENNANT SIGN (J.5.f)

_____ BENCH SIGN (B.13)

_____ ILLUMINATED SIGN (E.1.e)(E.2.a)

PLEASE READ BEFORE SIGNING.

I UNDERSTAND AND AGREE TO COMPLY WITH ALL ZONING AND SIGN ORDINANCES. I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct.

OWNER _____ DATE _____

FOR OFFICIAL USE ONLY

APPROVED BY_____ DATE _____

Revised 3-21-2019