

PERMIT # _____



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CITY OF SEAFORD CODE DEPARTMENT SIGN PERMIT APPLICATION

ALL APPLICABLE INFORMATION MUST BE COMPLETED

Project Location: _____
Street Address Tax I.D. # City I.D. #

Ownership: (Check one)

- Private Ownership (Individual or Corporation)
- Public Ownership (Federal, State or Local Government)

Current Use: (Check one)

- Residential
- Commercial
- Industrial
- Vacant Lot

Zoning: (Check one)

- R-1 C-1 M-1
- R-2 C-2 M-2
- R-3 C-3
- R-4

Type of Sign (s): (Check all that apply)

- Ground Sign
- Projecting Sign
- Wall Painted Sign
- Electronic Message Board
- Wall Sign
- Portable Sign
- Lighted Sign

Construction Drawings:

Attach drawings of the proposed sign (s) indicating location on the property, design wind load of 100 mph, materials, construction details, elevations of sign (s), overall height, height to bottom of sign, overall dimensions of sign structure, dimensions of actual sign area and square foot area.

Site Plan or Site Survey: (Check One. This is required for all non-wall sign permits. The Site Plan or Survey must show all Existing Structures, New Structures, Right of Ways & Easements. IT MUST BE TO SCALE.)

- Not Applicable
- Attached

Description of Work: _____

Cost of Construction: \$ _____ (Attach Copy of Contract or Written Estimate)

Electric Service: (Check all that apply)

- Not Applicable
- Existing _____ Amps
_____ Volts
_____ Phase

- Temporary Service Requested
- New Service or Upgrade Requested

(Fill out and attach an **APPLICATION FOR ELECTRIC SERVICE.**
This form must be reviewed and approved by the City of Seaford Electric Department prior to Permit Issuance.)

CONTACTS	NAME	ADDRESS	PHONE NUMBER
PROPERTY OWNER			
CONTRACTOR OR BUILDER			
STATE LICENSED ELECTRICIAN			
PROFESSIONAL ENGINEER OF RECORD			

I _____, the Owner or Owner's Authorized Agent (attach letter from owner), agree to the
 Print Name

following items (initial each item below):

- _____ I hereby grant the City of Seaford, and its agents, permission to enter the above referenced property before and after permit issuance to perform inspections at any reasonable time.
- _____ I understand that all debris must be removed from the site and disposed of in a lawful manner.
- _____ I understand that a permit may be denied if the property listed on this application has outstanding Code violations.
- _____ I will contact Miss Utility at (811) to locate all existing utilities on site prior to the commencement of work.
- _____ I will obtain a SUSSEX COUNTY BUILDING PERMIT (302-855-7824) prior to the start of construction.
- _____ I understand that if a PERMIT is issued after this application, it should only be construed as a license to proceed with the work and should at no time be construed as authority to violate, cancel, alter or set aside any code, ordinance or regulation. I will comply with all codes, ordinances and regulations of the City of Seaford, Sussex County Delaware, State of Delaware and the U.S. Federal Government.
- _____ I understand that any deviation from the information provided on this application, or from anything shown on the approved plans or other documents submitted, may be grounds for the Building Official to revoke any permit issued and/or denial of the issuance of any CERTIFICATE OF OCCUPANCY.

Signature: _____

Date: _____

CITY OF SEAFORD USE ONLY:

Pre-Permit Site Inspection Performed by: _____ Date: _____

Notes: _____

Plan review performed by: _____ Date: _____

Building Permit # _____ Date Issued: _____