



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

Sign Permit Application

Business/Organization Name: _____

Business Physical Address: _____

Mailing Address: _____

Phone No.: _____ (Home/Cell) _____ (Work/Cell)

Applicant Name: _____ (Agent / Owner / Tenant)

Property Owner's Name (if different from above): _____

Sign Contractor/Builder: _____ Phone No: _____

Mailing Address: _____

Application for: New Sign Alteration of Existing Sign(s)

Sign Type: Wall Ground/Monument Pole Marquee/Awning Hanging/Projection Window

Temporary Banner Sandwich Board/A Frame Off-Premise (Nearest intersection): _____

Number of Signs: _____

Description/use of proposed sign(s): _____

(Ex: Business entrance, garage sale, temporary banner, chalkboard, parking lot directory, mural, etc.)

For temporary sign, requested date to post: _____ Date to be removed: _____

Business property zoning: _____ Located in Bavarian Theme District: Yes No

Setbacks (if sign is not attached to a building): Front _____ Rear _____ Sides _____

Size of proposed sign(s): Length _____ Height _____

Length _____ Height _____

Length _____ Height _____

Total area of sign(s): _____ Building permit required: Yes No

Sign Materials (ex: wood, metal, plastic): _____ Type of lighting: _____

Valuation of sign: \$ _____ Name of proposed lettering style/font: _____

Include a drawing of your sign(s), in color and to-scale, clearly showing the lettering style and details

Include a site plan showing the location of the proposed sign on the property or building

I have read the sign section of the Development Code and agree to abide by all provisions. All of the information provided here is true to the best of my knowledge and I understand that any willful misrepresentation will be cause for immediate denial or revocation of this permit.

Applicant signature: _____ Date: _____

FOR OFFICE USE ONLY

Color Drawing

Site/location plan

Date received: _____ Received by: _____ Fees: _____ Receipt No: _____

ACTION TAKEN BY DESIGN REVIEW BOARD

Date: _____

Approved

Approved with Conditions

Denied

Conditions: _____

Reason for Denial: _____
