



City of Todd Mission

Sign Permit Application

Phone: (936) 894-3001 21718 FM 1774
 Fax: (936) 894-3002 Todd Mission, Texas 77363

Date: _____

Project Address: _____

Owner Name: _____ Phone: _____

Owner Address: _____

Contractor: _____ Phone: _____

Contractor Address: _____

Description of work: _____

Class of work: New Sign Renewal Replacement Repair Alteration

Type of Sign	Sign specifications	Temporary Signs
<input type="checkbox"/> Temporary direction <input type="checkbox"/> Sidewalk <input type="checkbox"/> Grand opening <input type="checkbox"/> Point of Sale <input type="checkbox"/> Free-standing <input type="checkbox"/> Multi-tenant <input type="checkbox"/> Electric <input type="checkbox"/> Suspended <input type="checkbox"/> Wall-mounted	Total sign height _____ Total sign width _____ Message area Width _____ Height _____ Total Area _____	Number of signs: _____ Desired installation date*: ___/___/___ Removal date: ___/___/___ *Limited to thirty (30) day display period, four (4) times annually

Signature of owner or contractor: _____ Date: _____

(Office use only)

Receiver's initials: _____ Date & time received: _____

Building official approval: _____ Approval Date: _____