



# SIGN PERMIT APPLICATION

CITY OF EVERETT PERMIT SERVICES

SUBMITTAL INSTRUCTIONS: Drop off hard copy paper application & plans to 3200 Cedar Street 2nd Floor Intake Drop Box.  
CONTACT INFORMATION: (P) 425-257-8810 | (E) PermitServices@everettwa.gov | (W) everettwa.gov/permits

## (Blue or Black Ink Only Please) PROJECT SITE INFORMATION

PROJECT SITE ADDRESS:	STREET	PARCEL #:
	CITY	STATE ZIP
SUITE/UNIT #:	ADDITIONAL LOCATION INFORMATION:	
TENANT/BUSINESS NAME (if non-residential):		

## CONTACT INFORMATION

OWNER NAME:	
OWNER MAILING ADDRESS:	STREET
	CITY STATE ZIP
OWNER PHONE:	OWNER EMAIL:
CONTRACTOR CONTACT NAME:	
WA STATE CONTRACTOR LICENSE #(REQUIRED):	CITY OF EVERETT BUSINESS LICENSE #(REQUIRED):
CONTRACTOR ADDRESS:	STREET
	CITY STATE ZIP
CONTRACTOR PHONE:	CONTRACTOR EMAIL:
PRIMARY CONTACT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Please Specify) _____	
CONTACT NAME:	CONTACT PHONE:
	CONTACT EMAIL:

## SIGN PERMIT INFORMATION

VALUATION OF WORK: \$	ASSOCIATED PERMIT # (if applicable):
<small>(Valuation shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.)</small>	
DESCRIPTION OF WORK:	
SIGN DIMENSIONS:	
Sign 1: Width:	Height: Square Feet:
Sign 2: Width:	Height: Square Feet:
Sign 3: Width:	Height: Square Feet:
SIGN TYPE & QUANTITY: <input type="checkbox"/> Wall Mounted - Qty:_____ <input type="checkbox"/> Awning - Qty:_____ <input type="checkbox"/> Canopy - Qty:_____ <input type="checkbox"/> Window- Qty:_____	
<input type="checkbox"/> Electronic Changing Message - Qty:_____ <input type="checkbox"/> Projecting - Qty:_____ <input type="checkbox"/> Freestanding- Qty:_____ - Type (monument, etc.): _____	
SIGN LIGHTING: <input type="checkbox"/> Non-Illuminated <input type="checkbox"/> Illuminated - Type (backlit cabinet, etc.): _____ *-requires a separate electrical permit	
PLAN REVIEW REQUIREMENTS: Submit 2 hard copies of sign plans with permit application to Permit Intake Drop Box.	

ACKNOWLEDGEMENT: I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

City of Everett Official Use Only

PERMIT #
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Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Revised 11/8/2022)