



**SIGN PERMIT APPLICATION**

CITY OF SAFFORD – BUILDING DIVISION  
 Telephone: (928) 432-4140 Fax: (928) 348-8515  
 808 S 8<sup>th</sup> Avenue / P.O. Box 272  
 Safford, Arizona 85548

**- Office Use Only -**

Date Received: \_\_\_\_\_

Approved  
 Date Issued: \_\_\_\_\_

Denied  
 Date Denied: \_\_\_\_\_  
 Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This permit application is reviewed for completeness by the Planning and Community Development Department. Please review the application for required submittal documents and review procedures. If there are deficiencies in the permit application requirements, the applicant will be notified during the review process or upon completion of the initial review.

The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford, and any clarification on statutes, ordinances, codes or policy may be directed to the Planning and Community Development Department. The review of this application may take up to two to four weeks. Upon approval of this application, inspections may be required by the Planning and Community Development Department, Utility Department, Public Works Department, and/or Engineering Department and may be requested by the applicant at any time. By signing the permit, you are giving the City of Safford permission to conduct any and all inspections required. For questions or information concerning this application, please contact the Planning and Community Development Department at 928-432-4140.

If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustments according to Section 17.88.030 of the City of Safford Municipal Code.

**COMPLETE ONE APPLICATION FOR EACH SIGN**

Attached     Detached

Project: \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_  
*\*over \$50,000 requires bond certificate*

Site Address: \_\_\_\_\_

Describe Work: \_\_\_\_\_

Tax Parcel #	Subdivision	Lot #

Plan Review Contact Person	Mailing Address	City, State Zip	Phone

Email Address: \_\_\_\_\_

Occupant	Mailing Address	City, State Zip	Phone

Property Owner	Mailing Address	City, State Zip	Phone
Contractor	Mailing Address	City, State Zip	Phone
	State Contractor License #	State Tax License #	City Business License #

I hereby certify that I have read and examined this permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**INSPECTION POLICY:** Inspection requests should be received 24 hours prior to your requested inspection time. Friday inspections may be requested when needed but must be requested before 12:00 p.m. on Thursday. Friday inspections shall occur before 12:00 p.m.

\_\_\_\_\_  
Owner/Representative Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

Zone District: \_\_\_\_\_

Illuminated:  Yes  No

Type of Sign: \_\_\_\_\_

Property/Building Frontage: \_\_\_\_\_

Allowable Signage (Attached/Detached) square footage: \_\_\_\_\_

Existing Signage (Attached/Detached) square footage: \_\_\_\_\_

This Application Signage (Attached/Detached) square footage: \_\_\_\_\_

Application within allowable area:  Yes  No

Balance of Allowable Signage (Attached/Detached) square footage: \_\_\_\_\_

Sign Permit Fee: \$ \_\_\_\_\_

**CONDITIONS OF APPROVAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approving Building Officer

\_\_\_\_\_  
Date