



6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace WA 98043  
 Phone 425.744.6267 Fax 425.775.0420  
[PermitSpecialist@ci.mtl.wa.us](mailto:PermitSpecialist@ci.mtl.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# PUBLIC INFORMATION SIGN APPLICATION

Application # \_\_\_\_\_

**This application applies only to requests for off premise directional public information signs in the ROW pursuant to MTMC 19.135.080.H.**

- Public or governmental facility     
  School     
  Membership organization

<u>PROPERTY OWNER</u>	
Name _____	
Address _____	
City _____	State _____ Zip _____
Ph _____	Fax _____
E-mail _____	
Contact Name _____	
Ph _____	Fax _____
E-mail _____	

<u>CONTACT</u>	
Name _____	
Address _____	
City _____	State _____ Zip _____
Ph _____	Fax _____
E-mail _____	

**Filing Requirements:**

1. Completed application and processing fee.
2. City map showing location of sign(s)
3. Architectural drawing of the sign(s)
4. Letter explaining why you feel each sign is needed.
5. If approved, a signed agreement with the City for construction and installation of sign(s) within the public ROW, and payment of additional fees.

**Maximum of two signs**

Description of Signage/Text		Desired Size		Location
1.				
2.				

**I certify to the best of my knowledge, the information provided on this permit application is true and correct. I further understand that submittal of this application does not guarantee the request(s) will be approved.**

Signed: Owner / Representative \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Application Received By \_\_\_\_\_ Date \_\_\_\_\_

Permit Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Approved by:  Traffic Engineer \_\_\_\_\_ Date \_\_\_\_\_ Conditions: \_\_\_\_\_

Planning \_\_\_\_\_ Date \_\_\_\_\_ Conditions: \_\_\_\_\_

Public Works \_\_\_\_\_ Date \_\_\_\_\_ Conditions: \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_ Conditions: \_\_\_\_\_