



BUSINESS SIGN PERMIT APPLICATION

23204 58th Avenue W
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@mltwa.gov
www.cityofmlt.com

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Fee \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Please check one type of business: Commercial/Industrial Residential

Site Address: _____

Name of Business: _____

Description of Sign Proposal: _____

Proposed Signage

- Type of Sign (wall, pole, digital, etc.) _____
- Sq. Ft. of Identification Signage _____ of Advertising Signage _____
- Does any other land use permit associated with this site regulate signage? Y _____ N _____
- Single or Double Face? S _____ D _____ Directional? Y _____ N _____
- Zone _____ Illuminated? Y _____ N _____ Number of signs onsite: _____
- Will the sign be a direction sign? Y _____ N _____
If yes, how many proposed for the development? _____ Associated with the development? _____
- Total value of the sign(s)? _____

Sign Calculator – Total Surface Area of Sign

List the total area for each proposed sign and total square footage for the wall proposed for signage. For letter and symbols, measure from the smallest square or rectangle, which will enclose the combined letters and symbols.

Sign 1	_____	x	_____	=	_____	wall (sq. ft.)	_____
	<i>height</i>		<i>width</i>		<i>total surface area</i>		<i>(if applicable)</i>
Sign 2	_____	x	_____	=	_____	wall (sq. ft.)	_____
	<i>height</i>		<i>width</i>		<i>total surface area</i>		<i>(if applicable)</i>
Sign 3	_____	x	_____	=	_____	wall (sq. ft.)	_____
	<i>height</i>		<i>width</i>		<i>total surface area</i>		<i>(if applicable)</i>

Property Owner: _____
Name Address Email Cell

Owner's Authorized Agent: _____
Name Address Email Cell

General Contractor: _____
Company Name Contact Cell
Address Email



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ **Suite No.** _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		
State License #	Expires	City Business License #	Expires	_____

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

Signed: _____ **Print Name:** _____ **Date:** _____