



CITY OF TALENT • COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540
Phone: (541) 535-7401 Fax: (541) 535-7423 www.cityoftalent.org

BUSINESS SIGN PERMIT

Business Owner	Mailing Address (include city, zip)	Phone
Street Address or Property Location	Email Address	
Property Owner (if not business owner)	Mailing Address (including city, zip)	Phone

Assessor's Map Number (Township, Range, Section, Quarter Section)	Tax Lot Number	Acres
38-1W-		
38-1W-		

Required Submittals

- This completed form.
- A plot plan of the site where the sign or signs will be located. *Not necessary for wall-mounted signs.*
- Street-facing elevations of building, with dimensions.
- A drawing, photograph or other illustration of the proposed sign(s) showing all dimensions.
- The preceding will also include data on what the sign(s) are made of, methods of mounting, attachment, etc., and method of illumination, if any.
- Descriptions of existing signs, including their locations and sizes.

Sign Type(s):	<input type="checkbox"/> Wall	<input type="checkbox"/> Awning	<input type="checkbox"/> Ground	<input type="checkbox"/> Projecting	<input type="checkbox"/> Portable	<input type="checkbox"/> Temporary
Square footage of building faces on frontages:	Street (1):	Street (2):				
Standards						
<input type="checkbox"/>	Proposed size of sign for business does exceed 15% of its street facade square footage.					
<input type="checkbox"/>	Proposed sign is no more than 10 feet wide or 10 feet tall.					
<input type="checkbox"/>	Proposed sign does not exceed 150 square feet.					

I hereby certify that the statements and information contained in this application, including the enclosed drawings and the required findings of fact, are in all respects, true and correct. Further, I understand that issuance of a permit based on this application will not excuse me from complying with effective codes, ordinances and resolutions of the City of Talent and the statues of the State of Oregon, despite any errors on the part of the issuing authority in reviewing the application.

Business Owner's Signature _____ **Date** _____

Property Owner's Signature _____ **Date** _____

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

The City of Talent is an Equal Opportunity Provider

THIS SIDE FOR OFFICE USE ONLY	
Sign Description:	
Dimensions:	Type:
Materials:	Site Plan Included: Yes/No
Coverage Area:	Photos Included: Yes/No
Additional Sign Description (if applicable):	
Dimensions:	Type:
Materials:	Site Plan Included: Yes/No
Coverage Area:	Photos Included: Yes/No
Further Notes	
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Conditions of Approval or Reasons for Denial	
THIS PERMIT EXPIRES AFTER 100 DAYS IF SIGN HAS NOT BEEN INSTALLED	

FOR OFFICE USE ONLY		
Date Received	Community Development Review:	File Number: