

City of Galax
SIGN PERMIT APPLICATION

Zoning Administrator, City of Galax, 111 E. Grayson Street, Galax, VA 24333 --- Telephone 276-601-3600

Property Owner Information

Property Owner: _____

Address: _____

Telephone Number: _____ Email Address: _____

Application Information for Contractor and Owner's Agent

Applicant or Owners Agent Name: _____

Company or Organization Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Contractor Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Contractor License Number: _____ Class A, B, or C: _____ Designations: _____

Contractor Galax Business License Account YES [] NO []

Sign Permit Information

Sign Permit Type: Temporary Sign [] New Sign [] Reface Sign [] Relocate Sign []

Sign Property Address: _____

Enterprise Zone: YES [] NO [] Downtown Tax District: YES [] NO []

Sign Construction Information

Number of Signs: _____ Surface Area of Each Sign: 1. _____, 2. _____ and 3. _____

Property Street Frontage Length: _____ Building Setback from Street: _____

Sign Support Construction: Free Standing [] Attached to Building [] Other: _____

