

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: \_\_\_\_\_

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Please provide a brief general description of the sign work to be performed.

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Estimated Total Labor, Material and Equipment Project Cost \$ \_\_\_\_\_

**Sign Construction Details and Drawings**

Provide attachments of a sketch(s) or drawing(s) of the sign and site plan on separate pieces of paper, as necessary, to provide the following minimum details.

1. Indicate the sign surface area (Only one display face shall be used to calculate the area, where sign faces are arranged to be viewed one at a time.)
2. Sign length and width measurements
3. General sign design, color, lighting, materials and structural details as necessary
4. Site plan showing building(s) with street setback dimension and sign location

*I hereby certify that the sign application information above and permit application attachments are true and correct to the best of my knowledge and that all construction shall comply with the Virginia USBC and Galax City Code.*

_____	_____	_____
Printed Name	Applicant Signature	Date

<b>City Staff Code Compliance Review</b>		
<b>Zoning:</b> Compliance with zoning regulations, setbacks, intended use and other Code issues.		
Zoning Administrator, Stephanie Dalton <a href="mailto:smdalton@galaxva.com">smdalton@galaxva.com</a>	_____	Approved <input type="checkbox"/>
276-601-3600 _____	_____	Not Approved <input type="checkbox"/>
Signature of Zoning Administrator	Date	
<b>Building Official:</b> Compliance with VA Construction Code.		
Building Official, Terry Atwell <a href="mailto:tatwell@galaxva.com">tatwell@galaxva.com</a>	_____	Approved <input type="checkbox"/>
276-236-7297 _____	_____	Not Approved <input type="checkbox"/>
Signature of Building Official	Date	