



**THE TOWN OF ELSMERE
DEPARTMENT OF CODE ENFORCEMENT**

11 Poplar Avenue – Elsmere, DE 19805

Phone: 302-998-2215 - Fax: 302-998-9920

Parcel # 1900 _____ Zoning District: ____ Permit # SP-0 _____ Date: _____

SIGN PERMIT APPLICATION

*Three (3) sets of plans are required, including plot plans showing lot size, location of existing and proposed structures, elevations, section view, floor plans, etc. When a contractor is doing work, a **signed contract between contractor and customer must be included with this application** and an approval letter from the owner if the work is being done for a tenant.*

- *The Town of Elsmere cannot issue any permits or occupancies on the above listed property if any outstanding violations on the property, including late property taxes, that may be due.*
- *Permit fees will be doubled if work begins before permits are issued. The Code Enforcement Officer **must be notified** for inspection. All work **must** comply with the 2000 international Building Code as referenced in the Town of Elsmere Code.*

➤ **Is this:** New Replacement Addition Legalization

Job Address: _____ **Lot Size:** _____

Owner's Name: _____ **Phone:** _____

Owner's Address: _____

Name of Tenant (if Applicable): _____

Name & Tele No. Of Contact Person: _____

Type of Sign: (Please check and complete the appropriate box.)

- Ground Sign:** Type of Posts _____ Size _____ Footing Depth _____
Wind pressure per sq. ft. ____
- Marquee Sign:** Projection from building line is _____ feet, _____ inches.
- Projecting Sign:** Projection from building line is _____ feet, _____ inches.
Wind pressure per sq. ft. _____
- Roof Sign:** Wind pressure per sq. ft. _____
Type of construction and reinforcement _____
Height above roof _____ feet Setback from outside wall _____
- Wall Sign:** Projection from building line is _____ feet, _____ inches.
Will this be permanently painted on wall: *Yes* *NO*

Please provide the following information:

Sign dimensions: Height _____, Width _____, Thickness _____, Area _____ (Sq. Ft.)

Type of Sign Face Construction: _____ Type of Bracing: _____ Size: _____

Number of sides: _____ Height above ground, sidewalk or roof: _____ Type of Illumination: _____

Cost of Job: \$ _____ Anticipated Start Date: _____

Contractor's Name: _____

Address: _____

Phone: _____ **Town of Elsmere Business License:** Yes No

Contractor's Signature: X _____

~ DEPARTEMENTAL USE ONLY ~

Permit Fee: \$ _____ **Zoning File No.** _____

Double Fee: \$ _____ **Approval Date:** _____

Date Paid: _____ **Received By:** _____

Method of Payment: Cash Check (# _____) Other

> Tax Check: OK Delinquent **Date Checked:** _____ **By:** _____

APPROVED

NOT APPROVED

Code official: X _____ Date Issued: _____

Comments: