

**CITY OF CASHMERE**  
101 Woodring Street  
Cashmere, Washington 98815  
Phone (509) 782-3513 Fax (509) 782-2840

Amount Paid	_____
Date	_____
Receipt No.	_____
Received by	_____

<b>APPLICATION FEES</b>
<b>\$15.00 (1 or 2 signs)</b>
<b>\$25.00 (3 or more)</b>

## APPLICATION FOR SIGN PERMIT

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Location of sign(s) if different from above \_\_\_\_\_

Owner \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Please attach the following:

1. An accurately colored and scaled drawing of the sign, including all mounting structures and devices, and showing all detail.
2. An accurately scaled drawing of all building faces to be signed, including the scaled outlines of all existing and proposed signs (Wall and projecting signs).
3. Copy of logo (if logo exemption is requested).
4. An accurately scaled site plan showing location of building(s), street(s), and sign(s) (Freestanding signs only).
5. The name and a detailed illustration of the proposed lettering style.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

<input type="checkbox"/> Disapproved Reason:	_____
<input type="checkbox"/> Approved	
Authorized Signature	Date
<small>F:\WP60\DATA\FORMS\APP.SGN</small>	