



**OLD TOWN DESIGN REVIEW
COMMITTEE
SIGN APPLICATION**



LEWISVILLE
Deep Roots. Broad Wings. Bright Future.

Date:	Application #:	OTDRC Case #
-------	----------------	--------------

Permit Address:

PROPERTY OWNER or TENANT INFORMATION:

Name:	Address, City, State, Zip::
Company:	Title:
Phone/Fax Number:	Cell Phone and E-mail:

SIGN CONTRACTOR INFORMATION:

Name:	Address, City, State, Zip::
Company:	Title:
Phone/Fax Number:	Cell Phone and E-mail:

ELECTRICAL CONTRACTOR INFORMATION, IF APPLICABLE:

Name:	Address, City, State, Zip:
-------	----------------------------

SIGN INFORMATION:

Sign Dimensions:	Sign Display Surface Material:	List all other signs currently on the property:
Illuminated? If so, type of illumination:	Sign Lettering Material:	
How will sign be mounted?	Value of Sign:	

Attach to this application: 1) two copies of full color designs of the sign to scale with dimensions and materials clearly labeled 2) Photographs of the existing building 3) for a monument sign: include a site plan 4) If the proposed sign projects over a pedestrian or vehicular way, show the distance from the lowest part of the sign to the finished grade.

*****For Office Use Only*****

Plan Review Fee:	Permit Fee:	Electrical Fee:
------------------	-------------	-----------------

Permit Approved By:	Date:	Permit Total:
---------------------	-------	---------------

Design Approved By OTDRC:	Date:
---------------------------	-------

Comments:

Verb. PU& \$ _____	Returned to Cust _____	Rejected _____
L/M PU& \$ _____	Re_Sub Date _____	Cor. Req. _____
GC or Sub Must Reg _____	2nd Notice to P/U _____	Copy/Copies Needed _____