CITY OF SOUTH TUCSON SIGN PERMIT APPLICATION
1601 SOUTH 6TH AVENUE
(520) 792-2424 EXT 313
(520) 628-9619 FAX

APPLICANT: _______________________________________________________

ADDRESS: _______________________________________________________

ADDRESS/LOCATION OF PROPOSED PERMIT ACTIVITY:
_________________________________________________________________

PROPERTY OWNER’S NAME, ADDRESS AND TELEPHONE NUMBER:
_________________________________________________________________

NUMBER OF TOTAL SIGNS ____________

TOTAL SQUARE FOOTAGE OF EACH INDIVIDUAL SIGN:
_________________________________________________________________

ESTIMATED VALUATION OF WORK: $__________________________

CONTRACTOR: _____________________________________________________

MAILING ADDRESS: ________________________________________________

TELEPHONE NUMBER: ___________________________________________

REQUIRED/CITY OF SOUTH TUCSON BUSINESS LICENSE: #_______________

UNDER PENALTY OF PERJURY I/WE DECLARE THAT THE INFORMATION IN
THIS DOCUMENT IS TRUE AND CORRECT.

APPLICANT’S SIGNATURE AND DATE ABOVE
_________________________________________________________________

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(Office Use Only)

Sign Permit Information:
Permit # ________________
Date Issued ______________
Commercial _____________
Residential _____________
Permit Fee ________________
Receipt # ________________
Clerk ____________________

Revised 01/18