



Sign Variance: Please fill out the entire application and attach any supplemental materials.

Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sign Company Name: \_\_\_\_\_ Sign Company Contact: \_\_\_\_\_

Applicant is (check all that apply):  Building Owner  Business Owner  Tenant  Sign Company

Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for variance request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

Date

For Staff Use Only

Rcvd by:	Date:	Fees Paid:	Approved / Denied:
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