



Sign Permit

Community Development Department
250 North 5th Street
Grand Junction CO 81501
Phone: (970) 244-1430 FAX (970) 256-4031

Permit No. N/A
Date Submitted 9/25/01
Fee \$ 25.00
Zone B-1

TAX SCHEDULE 2945-113-10-003
BUSINESS NAME RONALD D. VINCENT, DDS, MD
STREET ADDRESS 306 GLENWOOD AVE.
PROPERTY OWNER DR. RONALD D. VINCENT
OWNER ADDRESS 306 GLENWOOD AVE.

CONTRACTOR ANGEL SIGN CO.
LICENSE NO. 2010716
ADDRESS 510 N. WESTGATE DR. #C
TELEPHONE NO. 244-8934
CONTACT PERSON DENZIL HARWARD

- 1. FLUSH WALL (LETTERING) 2 Square Feet per Linear Foot of Building Façade
Face change only on items 2, 3 & 4
- 2. ROOF 2 Square Feet per Linear Foot of Building Façade
- 3. FREE-STANDING 2 Traffic Lanes - 0.75 Square Feet x Street Frontage
4 or more Traffic Lanes - 1.5 Square Feet x Street Frontage
- 4. PROJECTING 0.5 Square Feet per each Linear Foot of Building Façade

Existing Externally or Internally Illuminated - No Change in Electrical Service Non-Illuminated

(1 - 4) Area of Proposed Sign: 13 Square Feet
(1,2,4) Building Façade: ~~107~~ Linear Feet (62' GLENWOOD, 45' N. 3RD)
(1 - 4) Street Frontage: ~~205~~ Linear Feet (80' " 125' ")
(2 - 4) Height to Top of Sign: 18 Feet Clearance to Grade: 13 Feet

EXISTING SIGNAGE/TYPE:

<u>MONUMENT</u>	<u>8</u>	Sq. Ft.
<u>FLUSH WALL</u>	<u>4</u>	Sq. Ft.
_____	_____	Sq. Ft.
Total Existing:	<u>12</u>	Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel: Glenwood

Building	<u>124</u>	Sq. Ft.
Free-Standing	<u>60</u>	Sq. Ft.
Total Allowed:	<u>124</u>	Sq. Ft.

COMMENTS: (EXISTING SIGN ON SIDE OF BLDG IN HERE LETTERING WILL GO WILL COME DOWN)

NOTE: No sign may exceed 300 square feet. A separate sign permit is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property lines, distances from existing buildings to proposed signs and required setbacks. Roof signs shall be manufactured such that no guy wires, braces or supports shall be visible.

I hereby attest that the information on this form and the attached sketches are true and accurate.

Denzil Harward 9/24/01 C. Joyce Johnson 9/25/01
Applicant's Signature Date Community Development Approval Date

(White: Community Development)

(Canary: Applicant)

(Pink: Code Enforcement)

**RONALD D. VINCENT,
D.D.S., M.D.**

**DR. R.D. VINCENT
ORAL / MAXILLOFACIAL
SURGERY**

**Oral, Maxillofacial
and Cosmetic Surgery**

STOP

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3RD St.

