



# Sign Permit

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

Permit No.	_____
Date Submitted	9/11/2007
Fee \$	25.00
Zone	C-1

2497 Power Road

TAX SCHEDULE	2945-164-39-001	CONTRACTOR	Bad's Signs
BUSINESS NAME	Soar Physical Therapy	LICENSE NO.	2070179
STREET ADDRESS	2497 Power Rd. Unit 10	ADDRESS	1040 Pitkin
PROPERTY OWNER	TRD	TELEPHONE NO.	245-7700
OWNER ADDRESS	_____	CONTACT PERSON	TORD

<input checked="" type="checkbox"/> 1. FLUSH WALL	2 Square Feet per Linear Foot of Building Façade
<input type="checkbox"/> 2. ROOF	2 Square Feet per Linear Foot of Building Façade
<input type="checkbox"/> 3. PROJECTING	0.5 Square Feet per each Linear Foot of Building Façade
<input type="checkbox"/> 4. FREE-STANDING	2 Traffic Lanes - 0.75 Square Feet x Street Frontage 4 or more Traffic Lanes - 1.5 Square Feet x Street Frontage

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

(1-4) Area of Proposed Sign:	20	Square Feet	Building Façade Direction:	North South East West	
(1-3) Building Façade:	220	Linear Feet	Name of Street:	Power Rd	
(4) Street Frontage:	375	Linear Feet	Clearance to Grade:	9	Feet
(2-4) Height to Top of Sign:	12	Feet			

EXISTING SIGNAGE/TYPE:			
Free standing	40	Sq. Ft.	
Flushwall 6 @	120	Sq. Ft.	
" 5 @ 2	100	Sq. Ft.	
Total Existing:	260	Sq. Ft.	

FOR OFFICE USE ONLY			
Signage Allowed on Parcel:			
270 x .25 Building	540	Sq. Ft.	
730 x .5 Free-Standing	322	Sq. Ft.	
Total Allowed:	322	Sq. Ft.	

COMMENTS: Facechange Only on Unit 10 Sign

**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.

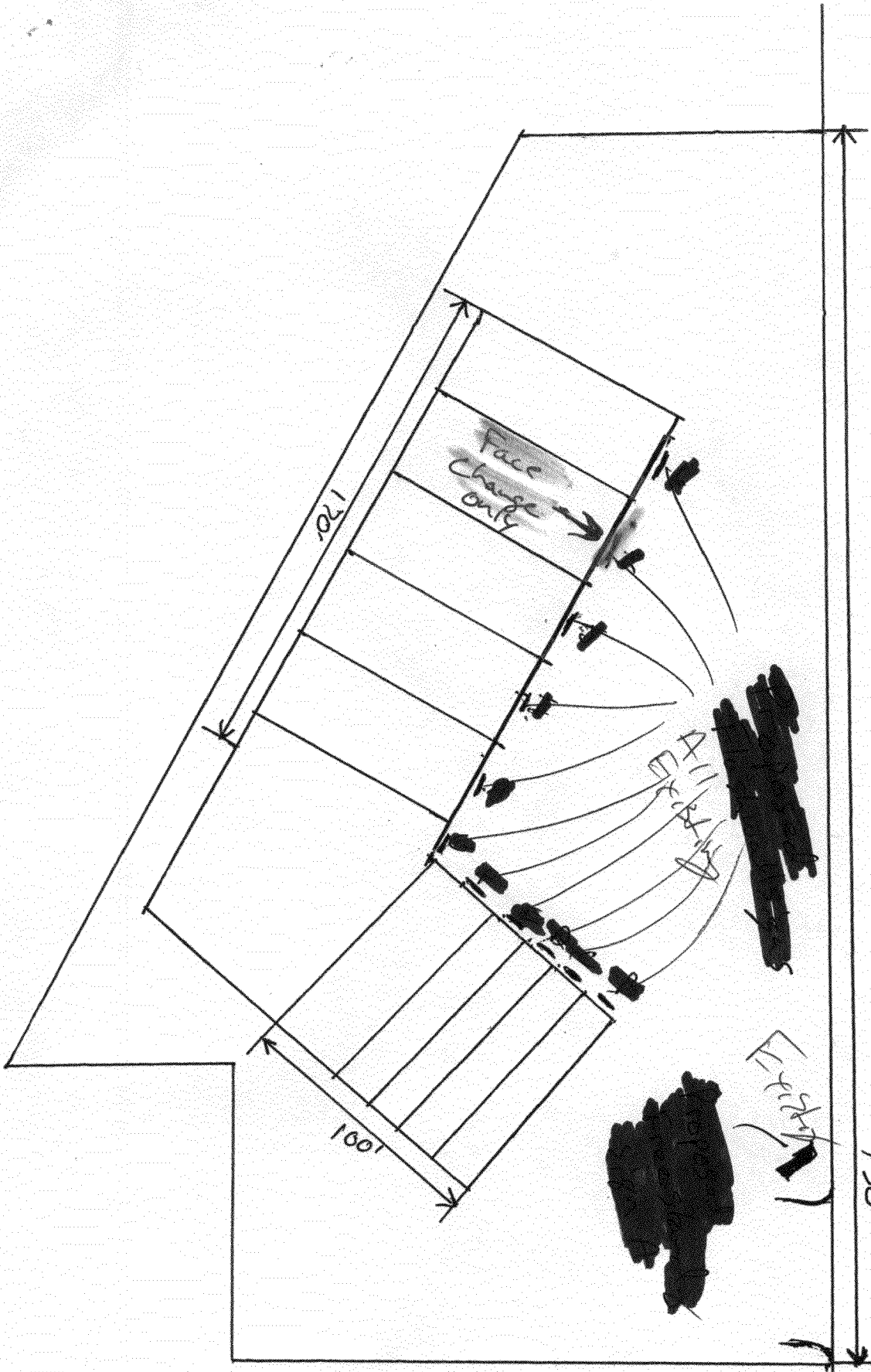
<u>Zedd Schoewe</u>	<u>9/11/07</u>	<u>Judith A. Ricci</u>	<u>9/17/07</u>
Applicant's Signature	Date	Community Development Approval	Date

(White: Community Development)      (Yellow: Applicant)      (Pink: Code Enforcement)

8'

Soar Physical Therapy

8'



Power Road

430'

Utility

Face Change Only

120'

100'