



Public Works and Planning Department
 250 North 5th Street, Grand Junction CO 81501
 Tel: (970) 244-1430 FAX (970) 256-4031

Sign Permit

**For Signs that DO NOT Require
 a Building Permit**

Date Submitted 9/2/09
 Fee \$ 25.00
 Zone PD

TAX SCHEDULE NO. 2943-063-46-002 CONTRACTOR THE SIGN SMITH
 BUSINESS NAME Monument Gmac Realty LICENSE NO. 2090934
 STREET ADDRESS 603 28 1/4 rd. ADDRESS 570 E crete cir
 PROPERTY OWNER Monument realty Holdings TELEPHONE 970-244-9197
 OWNER ADDRESS _____ CONTACT PERSON Ernie/Houston

- 1. FLUSH WALL 2 Square Feet per Linear Foot of Building Façade
- 2. ROOF 2 Square Feet per Linear Foot of Building Façade
- 3. PROJECTING 0.5 Square Feet per each Linear Foot of Building Façade
- 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: 24 Square Feet
 (1-3) Building Façade: 43 Linear Feet Building Façade Direction: North South East West
 (4) Street Frontage: 155 Linear Feet Name of Street: Patterson rd.
 (2-4) Height to Top of Sign: _____ Feet Clearance to Grade: _____ Feet

EXISTING SIGNAGE TYPE & SQUARE FOOTAGE:		
<u>Flush wall</u>	<u>59</u>	Sq. Ft.
<u>Flush wall</u>	<u>29</u>	Sq. Ft.
<u>Flush wall</u>	<u>5</u>	Sq. Ft.
Total Existing:		<u>89</u> Sq. Ft.

FOR OFFICE USE ONLY		
Signage Allowed on Parcel:		
Building	<u>186</u>	Sq. Ft.
Free-Standing	<u>232.5</u>	Sq. Ft.
Total Allowed:	<u>232.5</u>	Sq. Ft.

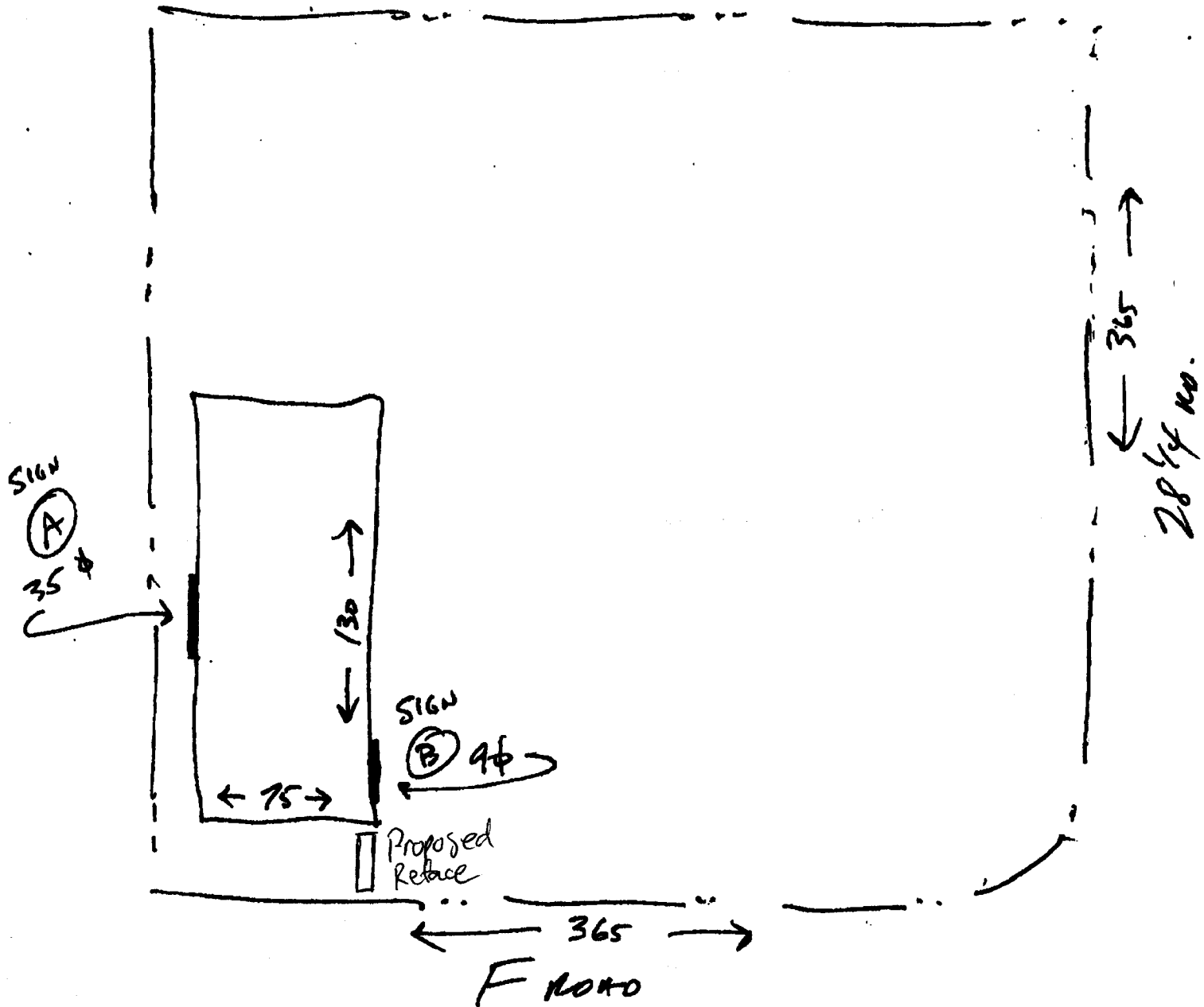
COMMENTS: Refacing existing sign

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.

[Signature] 09/02/09 Wendy Spurr 9/3/09
 Applicant's Signature Date Planning Approval Date

↑
NORTH



Grand Valley

Family Medicine

A service of

Community Hospital