



**TOWN OF DEBEQUE  
APPLICATION FOR SIGN PERMIT  
Land Use Regulations – Chapter 14.13**

**Important - Please Read the Following Information Carefully**

*It is the applicant's responsibility to obtain, read and understand all of the relevant sections of the DeBeque Municipal Code applicable to*

*this procedure. Please keep in mind that more than one section of the code may apply to your application. These regulations are available through the Town of DeBeque municipal offices or on-line <http://debeque.org/>. If you do not understand portions of the Code concerning your application, please ask questions. Failure to complete the application, submit **all** of the required materials or answer questions completely and accurately may result in a delay and processing or a rejection of the application as incomplete. All fees must be paid in full at the time of application. Public meetings or public hearings will **not** be scheduled for an application until it is deemed complete by the Town. Each applicant should take the time necessary to submit a complete and comprehensive application. Town staff is available to direct the applicant to appropriate sources of information.*

**APPLICANT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Owner  $\frac{3}{4}$  \_\_\_\_\_ Agent  $\frac{3}{4}$

Mailing Address: \_\_\_\_\_

Mailing Address for Notices, if different from above: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BUSINESS NAME**

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

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

Business Mailing Address, if different from above: \_\_\_\_\_

**STREET NUMBER/ADDRESS & LEGAL DESCRIPTION OF PROPERTY WHERE SIGN IS TO BE LOCATED**

Street Address: \_\_\_\_\_

Practical Property Description: \_\_\_\_\_

Parcel Number \_\_\_\_\_

Legal Description (may attach):  
\_\_\_\_\_  
\_\_\_\_\_

Acres or Square Feet of Parcel \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

**PROPERTY OWNER(S) IF DIFFERENT FROM THE APPLICANT:**

| Name | Mailing Address | Telephone |
|------|-----------------|-----------|
| 1.   |                 |           |
| 2.   |                 |           |

**SIGN CONTRACTOR AND/OR ERECTOR**

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Erector Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The Application Shall each of the Following Items:**

1) **Type of Sign:** Permanent  Temporary

1) **Evidence of Contractor License, if applicable:**  Complete,  Incomplete – Comments: \_\_\_\_\_

3) **Legible accurately scaled plan including specific location of sign(s) & setbacks to adjacent property lines & buildings:**

Complete,  Incomplete – Comments: \_\_\_\_\_

4) **A detailed accurately scaled drawing indicating the dimensions, materials, and colors of the proposed sign structure. A certification by a structural engineer may be required by Staff for a freestanding or projecting sign:**

Complete,  Incomplete – Comments: \_\_\_\_\_

5) **Graphic drawing or photograph of the sign:**  Complete,  Incomplete – Comments: \_\_\_\_\_

6) **Description of lighting to be used including listing of energy conservation measures incorporated in sign (light fixture type(s), materials used etc.), fixture specifications, bulb type, wattage and placement, and an estimate of energy consumption by sign:**

Complete,  Incomplete – Comments: \_\_\_\_\_

7) **Proof of premises liability insurance covering freestanding, projecting and wall signs:**

Complete,  Incomplete – Comments: \_\_\_\_\_

8) **If sign is located off the premises listed in application, written lease or permission from property owner on which sign is located.**

Complete,  Incomplete – Comments: \_\_\_\_\_

**Payment of nonrefundable sign permit fee:**  Complete,  Incomplete – Comments: \_\_\_\_\_

All information set forth above is true and accurate to the best of my information, knowledge and belief.

Applicant Signature: \_\_\_\_\_, Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Applicant Signature (if applicable): \_\_\_\_\_, Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Town Use Only**

**Application Checklist**

Application deemed complete \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

See Application Checklist

Fee

Other \_\_\_\_\_

**For Town Use Only**

Date App. Received: \_\_\_\_\_

Fee \$: \_\_\_\_\_

Deposit Paid \$: \_\_\_\_\_

Application Received by: \_\_\_\_\_