



CITY OF DILLON SIGN PERMIT APPLICATION

Administrative Zoning Permit

125 North Idaho Street Dillon, Montana (406) 683-4245

ALL INFORMATION MUST BE COMPLETED AND SIGNED BY THE OWNER OR CONTRACTOR OF THE SIGN.

1. Sign Owner (the name of the business the sign is for) :

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

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sign Contractor:

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

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Location Information:

Address of Property: \_\_\_\_\_

Property Owner if different than sign owner: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

3. Wall Signs: Use this section if the sign to be placed on the façade of a building. All information is required in order to process permit.

A. Façade dimensions: Supply measurements of the entire façade of which the sign is going to be placed upon. In a multi-tenant building, the measurements shall be limited to the only the dimension of the tenant space.

Height \_\_\_\_\_ Length \_\_\_\_\_

B. Existing wall signage: Supply dimensions of all other wall signs that are already placed on the façade, excluding signs on windows or glass doors.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

C. Proposed Sign

1. Type: [ ] Flush Wall Sign [ ] Sign on Awning [ ] Projecting Sign

2. Material of sign: \_\_\_\_\_

3. Dimension of sign: (W) \_\_\_\_\_ X (H) \_\_\_\_\_ • Include rendering of sign

4. Illumination of Sign: [ ] None [ ] Externally Illuminated\* [ ] Internally Illuminated\*\* [ ] EMC Message

5. Location of Sign: • Include a rendering showing location of sign on façade

6. For a Projecting Sign: A. The clearance distance from bottom of sign to the ground: \_\_\_\_\_

B. The overall distance of the sign projecting from the building: \_\_\_\_\_

7. For a Awning: A. The clearance distance from bottom of the awning to ground: \_\_\_\_\_

B. The overall distance the awning projects from the building: \_\_\_\_\_

For more than one wall sign, please use back of application to provide the same information for each sign.

Date of Application: \_\_\_\_\_

Fee Paid/Receipt No. \_\_\_\_\_



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4. Ground Sign (Pole Sign/Monument Sign): Use this section for proposed detached signs that are to be placed on property.

A. Dimension of sign: (W) \_\_\_\_\_ X (H) \_\_\_\_\_ • Include rendering of sign. Measurement must include sign base.

B. Illumination of Sign: [ ] None [ ] Externally Illuminated [ ] Internally Illuminated [ ] EMC

1. If Electronic Message Center: Dimension of EMC Cabinet (W) \_\_\_\_\_ X (H) \_\_\_\_\_

C. Material of sign: \_\_\_\_\_

D. Material of sign base: \_\_\_\_\_ Dimensions of Sign's Base: (W) \_\_\_\_\_ X (H) \_\_\_\_\_

E Location of Sign: • Include a site plan of location of all proposed and existing ground signs and distance from property line and each other.

CHAPTER 17.52 - SIGNS

It is the intent and purpose of chapter 17.52 to promote the health, safety and welfare of the residents and visitors of the City of Dillon by regulating and controlling the size, location, quality of materials, height, maintenance and construction of all signs and sign structures not located within a building for the following reasons:

- A. To preserve Dillon's natural scenic beauty;
B. To contribute to inviting entrances into Dillon by eliminating clutter associated, in part, by the unrestricted proliferation of signs, lights and stringed devices;
C. To encourage area beautification through creative, interrelated design of signage, landscaping, buildings, access and parking that enhances the community's built and natural environment;
D. To provide all businesses an equal opportunity to have a sign that will help people find the services they need; and
E. To ensure that pedestrians and motorists are protected from damage or injury caused or partly attributable to the distractions and obstructions which are caused by improperly situated signs.

Before submitting your application please review Dillon Municipal Code 17.52 Signs for specific regulations

I certify that the information contained on this form is complete and accurate and the required supplemental information request above has been provided.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator Denial: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ Appealed to Board of Adjustments: \_\_\_\_\_



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