



PERMANENT SIGN PERMIT

CITY OF JENKS

P.O. Box 2007 • (918) 299-5883
Jenks, OK 74037
918.299.5883

DATE: _____

PERMIT NO. _____

SIGN ADDRESS AND/OR LOCATION: _____

NAME OF BUSINESS: _____

NAME OF PROPERTY OWNER WHERE SIGN IS TO BE ERECTED: _____

PROPERTY OWNER'S ADDRESS: _____

LOT: _____ BLOCK: _____ ADDITION: _____

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE: _____

LICENSED JENKS SIGN CONTRACTOR: _____

ADDRESS: _____ PHONE: _____

LICENSED ELECTRICAL CONTRACTOR: _____

ADDRESS: _____ PHONE: _____

INSURANCE COMPANY INSURING SIGN: _____

AGENT: _____ PHONE: _____

CONSTRUCTION PERMIT ZONING CLEARANCE

ZONING DISTRICT: _____ BOARD OF ADJUSTMENT NO.: _____

MATERIALS USED ON SIGN: _____

SIGN LIGHTED: YES NO ESTIMATED COST: _____

NEW SIGN DIMENSIONS: _____ SQUARE FOOTAGE: _____

DIMENSIONS OF ANY REMAINING SIGNS ON THE PROPERTY:

SIGN LOCATION: GRADE BUILDING PROJECTION
 STREET OVERHANG ROOFTOP POLE

CENTER LINE OF STREET SETBACK: _____

PLEASE ATTACH:

- 2 sets of plans drawings, specifications, and survey with sign location.
- Written consent of real estate owners or lessee of the premises upon which the sign is to be erected, if not the same.
- Marked Plainly: Name, person, firm, corporation owning, erecting, maintaining operation of sign, method and location of this identification shall appear on plans and with specifications filed with the building official.
- Electrical service shall comply with requirements of the National Electrical Code.

PERMIT COST:

ZONING: _____ *APPLICANT: _____ DATE: _____

SIGN: _____ ZONING: _____ DATE: _____

ELECTRICAL: _____ ZONING: _____ DATE: _____

OK STATE FEE: _____ INSPECTOR: _____ DATE: _____

TOTAL SIGN PERMIT: _____ INSPECTOR: _____ DATE: _____

* Applicant's signature acknowledges required compliance with Jenks City Code *

<input type="checkbox"/> Foundation and / or Location Inspection	BY: _____	DATE: _____
<input type="checkbox"/> Structural Framing Erection Inspection	BY: _____	DATE: _____
<input type="checkbox"/> Electrical Inspection	BY: _____	DATE: _____
<input type="checkbox"/> Final Inspection	BY: _____	DATE: _____