

## NEW TEMPORARY ON-SITE HOME BUILDER SIGN PERMIT APPLICATION

NEIGHBORHOOD SERVICES DEPARTMENT

303.739.7280 neighborhood@auroragov.org

| ADDRESS OF SIGN - OR- DATE  |                         |   |             |      |
|---|-------------------------|---|-------------|------|
| SIGN LOCATION (i.e., approx. 120 ft. south of Alameda on east side of Chambers)   |                         |   |             |      |
| ĸ   | NAME                    | PH  | IONE        |      |
| OWNER   | ADDRESS STREET C        | CITY STATE  | ZIP         |      |
| TOR   | NAME                    | PI  | HONE        |      |
| CONTRACTOR  | ADDRESS STREET (        | CITY STATE  | ZIP         |      |
| CON   | SUPERVISOR FOR THIS JOB | LI  | CENSE No.   |      |
| <ul> <li><u>On-Site Builder Sign Requirements</u></li> <li>2 signs permitted per development</li> <li>Sign must be located on same lot as the permitted use or the same enterprise zoned lot</li> <li>Total sign area shall not exceed 200 square feet</li> <li>Maximum height of 12 feet above grade</li> <li>Minimum setback of 10' from any property line</li> <li>Permits are valid for a total of 12 consecutive calendar months</li> <li>All signs must be maintained and structurally sound</li> <li>Must comply with City standards.</li> </ul> |                         | Please explain how the sign location can be identified:         (i.e., stake, spray paint., etc.)   |             |      |
| NOTES TO APPLICANT: FOR INFORMATION CALL 303.739.7280.<br>FOR ALL WORK DONE UNDER THIS PERMIT, THE PERMITTEE ACCEPTS FULL<br>RESPONSIBILITY FOR COMPLIANCE WITH THE AURORA SIGN CODE AND ALL OTHER<br>APPLICABLE AURORA ORDINANCES.<br>SIGNATURE OF APPLICANT   |                         | ONLY LICENSED SIGN CONTRACTORS ARE AUTHORIZED TO<br>SUBMIT PERMIT APPLICATION.<br>THIS PERMIT AUTHORIZES THE WORK DESCRIBED WHEN SIGNED<br>BY CITY OFFICIALS AND VALIDATED.<br>NON-COMPLIANCE MAY RESULT IN ABATEMENT OF THE SIGN<br>AND/OR A SUMMONS TO APPEAR IN MUNICIPAL COURT. |             |      |
| (Office Use Onlv) PERMIT # RSN #  |                         |   |             |      |
| REMARKS   |                         | DEPARTMENT  | APPROVED BY | DATE |
|   |                         | Neighborhood Services   |             |      |
|   |                         |   |             |      |
|   |                         |   |             |      |
| THIS FORM IS A PERMIT ONLY WHEN VALIDATED HERE  |                         | PERMIT EXPIR  | ES:         | _    |