## SIGN PERMIT APPLICATION

Date \_\_\_\_\_

## *Cíty Of Pryor Creek* P.O. Box 1167 - 12 N Rowe

Pryor Creek, Ok 74362

**Building Inspector** 

Phone: 825-1679 Fax: 825-6577

Sign Contractor / Applicant		
City, State, Zip		<del>-</del>
Phone Email _		Fax
Contact Person		
Project Name		
Address For Sign		
Height Of Sign Width Of Sig	n	Overall Height
Total Square Feet Of Sign		
Engineering Attached (IF REQUIRED)	Yes	☐ Not Required
Wall Sign		(PLEASE CHECK ONLY ONE)
Ground Sign		Erect
Illuminated Sign		Relocate
Temporary Sign		Re-Issue
Estimated Cost of Sign \$		
Proposed Work		
Signature of Contractor / Applicant		