



Sign Permit Application

Mail to:
P.O. Box 461450
Foxfield, CO 80046

Name of Business: _____
Business Address: _____
Business Contact Name: _____
Business Owner Signature: _____

The Contractor and Owner accept full responsibility for all work done under this permit and agree to comply with the Town of Foxfield Sign Code and all applicable ordinances. I acknowledge receipt of a copy of the Foxfield Sign Code or have accessed the Foxfield Sign Code online at www.foxfieldcolorado.com.

Sign Company: _____ Phone: _____ Email: _____
Contact: _____ Signature: _____

Property Owner or Management Company: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____
I authorize the business noted above to apply for a sign permit through the Town of Foxfield
Signature: _____

***A Letter from property owner or management company may be used in place of this area ***

Sign One (1)

Planned Sign Program: YES NO

Sign Type: Wall Freestanding Face Change

Number of Faces: Single Double

Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

Include elevation drawing of sign, depicting accurate size and colors. If sign is freestanding, stamped structural plans of caissons must be submitted!

Sign One (2)

Planned Sign Program: YES NO

Sign Type: Wall Freestanding Face Change

Number of Faces: Single Double

Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

Include elevation drawing of sign, depicting accurate size and colors. If sign is freestanding, stamped structural plans of caissons must be submitted!

Valuation of Project [i.e.--price of the signs]: [\$]

For Office Use Only ---

Building Reviewed By: _____ Review #: _____ Sign Permit #: _____

Approved By: _____ Date: _____ Planned Sign Program? Y N

Comments: _____



Additional Signs

Sign Three (3)

Planned Sign Program: YES NO
 Sign Type: Wall Freestanding Face Change
 Number of Faces: Single Double
 Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

If sign is freestanding, stamped structural plans of caissons must be submitted!

Sign Four (4)

Planned Sign Program: YES NO
 Sign Type: Wall Freestanding Face Change
 Number of Faces: Single Double
 Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

If sign is freestanding, stamped structural plans of caissons must be submitted!

Sign Five (5)

Planned Sign Program: YES NO
 Sign Type: Wall Freestanding Face Change
 Number of Faces: Single Double
 Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

If sign is freestanding, stamped structural plans of caissons must be submitted!

Sign Six (6)

Planned Sign Program: YES NO
 Sign Type: Wall Freestanding Face Change
 Number of Faces: Single Double
 Illumination: Internal LED None
 External Exposed Neon

Elevation: N E S W

Square Footage: _____

Type of wall (wall frame make-up) sign will be attached to:

Weight of individual letters or weight of box sign:

Exact size, type and quantity of attachment devices:

If sign is freestanding, stamped structural plans of caissons must be submitted!