



DEVELOPMENT SERVICES

SIGN PERMIT APPLICATION FORM & SUBMITTAL REQUIREMENTS

- Completed Commercial Building Permit Application (original) (Signed by owner or agent)
- Application fee based on current Building and Development Office Fee Schedule; (permit fee + plan review fee) payable to "City Treasurer".
- Completed *Sign Permit Drawing Requirement Checklist*. (included on reverse)
- Two (2) copies of sign details drawing. (See *Sign Permit Drawing Requirement Checklist* on reverse)

<input type="checkbox"/> [If applying for a wall or projecting sign]: <input type="checkbox"/> Two (2) copies of dimensioned exterior building elevation drawing(s). Wall Height: _____ feet <input type="checkbox"/> Calculation of sign area relative to wall area (see below for maximum areas per UDC Table 6-16) <input type="checkbox"/> Linear street frontage of the wall to which the sign will be attached: _____ feet	<input type="checkbox"/> [If applying for a freestanding/ground sign]: <input type="checkbox"/> Two (2) copies of signed, stamped structural or foundation plans. <input type="checkbox"/> Two (2) copies of site/plot plan drawing showing location of proposed sign(s). <input type="checkbox"/> Linear street frontage: _____ feet / 25 x 8 = sf = sign area limit
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PLEASE NOTE:

IF REQUIRED INFORMATION IS OMITTED OR MIS-REPRESENTED, YOUR SUBMITTAL WILL BE RETURNED WITHOUT REVIEW AND YOUR PROJECT MAY BE DELAYED.

See [Section 6.5](#) of the UDC for allowable sign heights and areas;

<p>Size/Area Limitations:</p> <p>Wall Signs up to 20% of the wall area, but no more than 400 square feet total. The NB, MUR, and MUB districts shall count only 10% of the street facing walls up to the height of 20' in calculating the Wall Sign allowance. Only one Wall Sign per each 50' of building frontage is permitted in the CBD.</p> <p>(1) Projecting Sign per street frontage, projecting no more than 5' from the surface, and no greater than 32' in area. Projecting Signs shall have a clearance of at least 10', and shall project no higher than the highest point of the building.</p>	<p>Size/Area Limitations:</p> <p>(1) Freestanding or Low-profile Sign per street frontage or building complex. The height and area of Freestanding Ground Signs shall be based on Table 6-17. The area shall be limited to 8 square feet for each 25' of lot frontage up to a maximum of 80 square feet.</p> <p>Incidental signs may be provided at 12 square feet per acre, and no more than 6 square feet per sign.</p>
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- * In the CBD District, low profile ground signs shall not exceed 80 square feet, and shall not exceed 20' in height or the height of the building associated with the sign, whichever is less.
- ** In the CB, CBD, and AD Districts, freestanding ground signs shall be set back at least 15' from the street right-of-way.
- *** Freestanding signs are not allowed in the NB, MUB, or MUR Districts.

For detailed parcel & zone district information, Please reference the Cheyenne/Laramie County Cooperative GIS Program website at: <http://arcims.laramiecounty.com/> or contact the City of Cheyenne Development Office.

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER, APPLICANT, OR AGENT NAMED HEREIN AND THAT I HAVE FAMILIARIZED MYSELF WITH THE RULES AND REGULATIONS WITH RESPECT TO THE FILING OF THIS APPLICATION AND THAT THE FOREGOING STATEMENTS AND ANSWERS CONTAINED ON THIS APPLICATION AND ACCOMPANYING DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

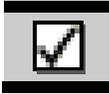
OWNER SIGNATURE : _____ Date _____

AGENT SIGNATURE : _____ Date _____

PRINT NAME _____

PRINT NAME _____

SIGN PERMIT REQUIREMENT CHECKLIST



This Checklist, completed by the applicant, must accompany the application.

Address/Location:

The drawing requirement checklist has been developed to give you a clear understanding of the minimum informational requirements for submitting your sign permit application; *do not* check box unless the item is included. A complete and accurate set of drawings will facilitate efficient and expedient processing.

ALL SIGN PERMIT APPLICATION SUBMITTALS MUST INCLUDE:

GENERAL INFORMATION

- Project name _____
- Proposed use _____
- Date of preparation _____
- Current zoning _____

SIGN DETAILS DRAWING(S)

- Dimensioned elevation of proposed sign; drawn to scale.
- Indication of sign attributes to include:
 - Cabinet finish material(s) and colors _____
 - Type of illumination, if any _____
 - Mounting/installation detail drawing(s),
or description(s) (ref. §106, 2006 IBC). _____
 - Height, width & depth of sign cabinet _____ H _____ W _____ D
Area of sign face (per side) _____ sf

[WALL SIGN SUBMITTALS MUST INCLUDE THE FOLLOWING ADDITIONAL ITEMS] :

- Exterior Building Elevation(s) Drawing(s) to Include:
 - Dimensions and elevation(s) of each wall for which signage is proposed
 - Accurate & dimensioned depiction of proposed signage relative to the wall
 - Dimension(s) to nearest tenant demising wall(s) (if in a multi-tenant structure)
 - Dimensions to demising wall(s) of tenant advertised on wall sign
 - Dimensions of all existing wall signs to remain_____

[FREESTANDING OR GROUND SIGN SUBMITTALS MUST INCLUDE THE FOLLOWING ADDITIONAL ITEMS]:

- Site Plan/Plot Plan Drawing(s) showing location and setbacks of proposed sign(s).
- Structural and/or foundation plans signed and stamped by a Wyoming licensed professional.
- Final Certification of sign placement, showing setbacks and dimensions.
Signed and stamped by a Wyoming licensed professional.



Building & Development Office

2101 O'Neil Avenue, Suite #202

Cheyenne, WY 82001

(307) 637- 6265 telephone (307) 637-6366 facsimile

A COMMUNITY OF CHOICE

COMMERCIAL Building Permit Application

Valuation of Work: \$		
Job Address:		
Legal Description:		
Block:	Lot:	Tract Size:
		Use Zone:
Applicant (Owner or Authorized Agent) Information:		
Owner/Agent Name:		
Owner/Agent: Address and Phone Number		
Contractor: Name		Contractor Phone #:
Architect: Name and Phone Number		
Engineer: Name and Phone Number		

For Office Use Only	
Plan Review #:	
Permit #:	
Received By:	
Received Date:	
Permit Fee	
Plan Review Fee	
Right of Way Fee	
Temporary Power Pole	
Investigation Fee	
Residential Community Facility Fee (\$400/ unit)	
Total Fees Due	
Fees paid by <input type="checkbox"/> cash	
<input type="checkbox"/> check # _____	
<input type="checkbox"/> escrow acct	

Subcontractors: <i>(Must be listed or TBD if undecided. The following work will not be included in the permit if it is left blank.)</i>					
Electrical:			Contractor Class & License #:		
Plumbing:			Contractor Class & License #:		
Mechanical:			Contractor Class & License #:		
Fire Protection:			Contractor Class & License #:		
Other:			Contractor Class & License #:		
Work to be completed					
New: <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
Change of Use: <input type="checkbox"/>		Prior Use:		Future Use:	
Please answer the following questions:					
Occupancy Classification:		Type of Construction:		Design Occupancy Load:	
Number of Stories (above grade):					
Building Areas in Square Feet:			Remodeled Area:		
Main floor:		2nd floor:		Mezzanine:	
Basement:		Garage:		Deck/Porch:	
Other:					

Foundation Type:	Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> or Slab-on-grade including foundation <input type="checkbox"/>
Basement Condition:	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> or Square footage of Finished Area:
Garage Location:	Attached <input type="checkbox"/> Detached <input type="checkbox"/> or Other:
Fire sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, designed by:
Lawn sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>
Gas logs or fireplaces:	Yes <input type="checkbox"/> No <input type="checkbox"/> Number:

Description of Work: Complete description of the work done including any plumbing, mechanical (heating, ventilation, or air conditioning), electrical, fire sprinkler or alarm. *(Work is not included in the permit unless described in this scope of work.)*

BY MY SIGNATURE AND UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT I AM THE OWNER OF THE REFERENCED PROPERTY, OR THE OWNER'S AUTHORIZED AGENT. I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

THE ISSUANCE OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION OR GUARANTEE ISSUANCE OF A WELL OR SEPTIC PERMIT. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, NOT WITHSTANDING UNIQUE CIRCUMSTANCES. IN ANY CASE, THIS PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE.

Signature:	Date:
Name Printed:	

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of the structure.

For Office Use Only					
Permit / Plan Review Conditions:					
	Approval	Date		Approval	Date
Address Assigned	_____	_____	Dev/Zoning	_____	_____
Flood Hazard	_____	_____	Fire Review	_____	_____
Traffic	_____	_____	Bldg Plan Review	_____	_____
Tap Fees	_____	_____	Card Issued by	_____	_____
BOPU	_____	_____	Approved for Issue by	_____	_____
Historic District	_____	_____	Permit Issued by	_____	_____