

City of Rockaway Beach, Oregon
276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752 FAX (503) 374-0601
www.corb.us • cityplanner@corb.us



SIGN APPLICATION

(# 25 -)

- **Location:** Situs Address: _____ Zoning: _____

Map/Tax Lot: _____ Lineal Street Frontage _____ Ft.

- **Property Owner Name(s):** _____

Business Name: _____ Business Type _____

Mailing Address: _____

Phone: _____ Email: _____

- **Project Contact** (if different): _____ Company: _____

Phone: _____ Email: _____

Sign Type: ☐ Sign Over Sidewalk ☐ On-site Sign ☐ Off Premise Sign
 ☐ Sandwich Board Sign ☐ Non-Conforming Sign ☐ Other

Brief Description: _____

In this Application, Please Include scaled drawing of the proposed sign(s) indicating dimensions, materials, lighting, structural elements, and location on building or property.

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and Resolutions of the City of Rockaway Beach and Statutes of Oregon, despite any errors on the part of the issuing authority in this application.

Signature: _____

Date: _____

OFFICE USE ONLY

Deemed Complete: _____

Details: _____

Planning approved by: _____ **Date:** _____

Application Fees: \$ _____ Date: _____ Receipt #: _____ By: _____

Details: _____