



TOWN OF SUPERIOR
199 N LOBB AVE, SUPERIOR, AZ 85173/520-689-5752

Permit:
Date:

MONUMENT/SIGN PERMIT

JOB/STREET ADDRESS:

PARCEL #: SUITE # (IF APPLICABLE)

LEGAL DESCRIPTION: SUBDIVISION UNIT/BLOCK LOT

SECTION TOWNSHIP N/S, RANGE E/W, SIZE OF PARCEL

PROPERTY OWNER(S)/RENTER/TENANT PHONE

MAILING ADDRESS CITY ST ZIP

BUILDER/CONTRACTOR PHONE

MAILING ADDRESS CITY ST ZIP

LICENSE # & CLASS

- TYPE OF SIGN: [] DIRECTIONAL [] FREE STANDING [] WALL MOUNTED [] FLAG POLE
[] ILLUMINATED -> WILL SIGN ILLUMINATION REQUIRE INSTALLATION OF NEW METER? YES NO
[] OTHER:

HEIGHT OF SIGN:

OF FACES:

TOTAL SQUARE FEET OF SIGN:

EXISTING USE:

PROPOSED USE: (ex: Sign for Establishment Name)

CONTACT PERSON (WHOM DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?)

NAME PHONE

EMAIL

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION.
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME PLEASE SIGNATURE OF OWNER/ AGENT DATE OF APPLICATION

SPECIAL CONDITIONS:

*****FOR OFFICIAL USE ONLY*****

PERMIT FEE:
ZONING :
PLAN REVIEW FEE:
NON-CONF:
ADDRESSIGN FEE:
ACT. VALUATION:
ZONING FEE:
ECD:
SUBMITTAL FEE:
PRINTING/MISC FEE:
TOTAL FEE:



TOWN OF SUPERIOR

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520-689-5752

(Incomplete applications will not be accepted)

PROPERTY OWNER AUTHORIZATION FORM

I (property owner) _____

hereby authorize (owner's agent) _____

To make application to Town of Superior for the following (description of work)

Assessor Parcel Number: _____

Physical Address: _____

City/Town: _____ State: AZ Zip: _____

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices or other approvals ("Approvals") by Town of Superior pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state and federal laws, codes, rules, regulations and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by Town of Superior pursuant to my agent's application.

Property Owner: _____

Phone Number: _____

By (signature): _____

Email: _____

Name: _____

Date: _____