



CITY OF SOUTH TUCSON SIGN PERMIT APPLICATION
1601 SOUTH 6TH AVENUE
(520) 792-2424
(520) 628-9619 FAX

Applicant: _____

Address/Location of proposed permit activity: _____

Property owner's name, address and telephone number:

Number of Signs: _____

Square footage of sign: _____

Estimated Valuation: \$ _____

Sign Contractor: _____

Address: _____

ROC #: _____

Telephone number: _____

REQUIRED/CITY OF SOUTH TUCSON BUSINESS LICENSE: # _____

Under penalty of perjury I/we declare that the information in this document is true and correct.

Applicant's signature and date

(OFFICE USE ONLY)

Sign Permit # _____

Date Issued _____

Commercial _____

Permit Fee \$ _____

Receipt # _____

Clerk _____