



City of Ferndale
 Building Division
 2095 Main Street / P.O. Box 936
 Ferndale, WA 98248
 (360) 685-2369 phone
 (360) 384-5189 fax
 www.cityofferndale.org

Appointment Required to Submit

OFFICE USE ONLY	
PERMIT NUMBER: _____	RECEIVED BY/DATE: _____
ASSOCIATED PERMIT #'S _____	

SIGN PERMIT APPLICATION **REVISED 2016**

CONTACT INFORMATION

PROPERTY OWNER **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

CONTRACTOR **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____
 L & I License #: _____ Exp.: ____/____/____
 (COPY OF LICENSE MUST BE ATTACHED TO THIS APPLICATION) MM/DD/YY

City of Ferndale Business Lic. #: _____

REQUIRED

TENANT **APPLICANT**

Business Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

City of Ferndale Business Lic. #: _____

REQUIRED

ARCHITECT **DESIGNER** **ENGINEER** **APPLICANT**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell: () _____ E-mail: _____

PROPERTY INFORMATION

PROJECT ADDRESS: _____

APPROVED BY PLANNER _____ staff initials

TAX PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

ZONING: _____

LOT AREA (SQ FT): _____

PROJECT INFORMATION

DESCRIPTION OF PROPOSED SIGNAGE:

- COMMERCIAL** **MULTI-FAMILY** **RESIDENTIAL**
 - NUMBER OF WALL SIGNS:** _____
 - NUMBER OF FREE STANDING SIGNS:** _____
 - SIGN 1 DIMENSIONS:** _____
 - SIGN 2 DIMENSIONS:** _____
 - SIGN 3 DIMENSIONS:** _____
 - DIRECTIONAL SIGN SQ FOOTAGE:** _____
 - TOTAL SQUARE FOOTAGE:** _____
 - SQUARE FEET OF TENANT FAÇADE:** _____
 - ILLUMINATION:** **EXTERNAL** **INTERNAL**
 - ELECTRONIC:** **YES** **NO**
 - MASTER SIGN PROGRAM:** **YES*** **NO**
- * COPY OF APPROVED MASTER SIGN PROGRAM MUST BE ATTACHED TO APPLICATION**

PROJECT VALUATION: (provide total cost of project; this includes labor, equipment & materials to build and install signs)

\$ _____

EXISTING BUILDING/SIGN INFORMATION

STORIES: _____ **# UNITS:** _____

OF EXISTING WALL SIGNS: _____
 # _____ = _____ **Total Square Feet**

OF EXISTING FREE STANDING SIGNS: _____
 # _____ = _____ **Total Square Feet**

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION AND EXHIBITS SUBMITTED HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND, FURTHER, THAT I AM AUTHORIZED BY THE OWNER (SEE OWNER CONSENT FORM) OF THE ABOVE PREMISES TO PERFORM WORK FOR WHICH PERMIT APPLICATION IS MADE.

APPLICANT SIGNATURE

DATE

PLAN AND APPLICATION MATERIAL SUBMITTAL STANDARDS

	FRONT COUNTER REQUIREMENTS
APPOINTMENT	Appointment MUST be made with the Building Permit Specialist to submit your sign application.
APPLICATION	Application MUST be completed, in its entirety, before making an appointment. Incomplete applications will be rejected.
L & I LICENSE	Copy of Contractor's license MUST be attached to application
BUSINESS LICENSE	Contractor MUST have an Active City of Ferndale Business License and number MUST be indicated on application. If you do not have a number, provide Permit Specialist a copy of your receipt showing that you applied for business license.
DRAWINGS	All Drawings SHALL be clear, accurate, legible and high-contrast original drawings in ink on white bond paper or xerographic reproductions.
	PLANNING DIVISION REQUIREMENTS
SITE PLAN (2 COPIES)	Site Plan (Two copies) MUST accompany application for review/approval by the City. If a previous Site Plan has been approved by the City, you must submit the "Approved" Site Plan.
	Site Plan SHALL be submitted on 11 X 17 sheets of paper or larger, drawn at a scale of 1" = 20' or larger and MUST include the following: North Arrow – Property Lines (dimensions MUST be shown and labeled along with any easements – Adjacent Streets with street names shown and labeled – Existing Signage - Project Address – Parcel Number - Landscape details for free standing signs when required - Scale
ILLUMINATION	If illuminated , a Narrative Breakout MUST be submitted showing the following: Candle Power/Lumens – Animation capability/frequency, including Video capability – Sunlight/Automatic Light Detector/Photocell – Sensor/Ambient Light Detection Capability (Required for Electronic Message Centers)
	BUILDING DIVISION REQUIREMENTS
PLANS (2 SETS)	Plans (Two sets) SHALL be submitted on 11 X 17 sheets of paper or larger, drawn at a scale of no less than ¼" = 1' and MUST include the following: Layout and size with sectional detail of footings , including all steel where applicable – Elevation showing height & width (sides) with dimensions shown and labeled – Attachment Detail to include size and spacing of connectors, etc., - Design Loads to include wind, seismic, etc., - Cross Sectional Detail MUST show size of footing, finish grade, etc.
DETAILS	Details SHALL be drawn at a scale large enough to clearly illustrate the particular detail with a minimum scale of 3/4" = 1'.
STRUCTURAL ENGINEERING (2 COPIES/1 WET STAMP)	MUST provide original seal and signature on one copy . Exemption may be permitted for ground signs less than 6' above grade. Exemption MUST be confirmed before application submittal.

THIS PAGE INTENTIONALLY LEFT BLANK



OWNER CONSENT FORM

THE CITY WILL NOT ACCEPT AN APPLICATION THAT IS NOT ACCOMPANIED BY THIS FORM

THE LEGAL PROPERTY OWNER MUST COMPLETE THIS FORM.

NOTE: TENANTS ARE NOT USUALLY OWNER OF PROPERTY

STATEMENT OF OWNERSHIP (PROOF OF OWNERSHIP MUST BE ATTACHED)

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows:

Legal Description:[attach additional sheet(s) as necessary] **(LEGAL DESCRIPTION CAN BE FOUND AT THE WHATCOM COUNTY ASSESSORS OFFICE)**

Property Address: _____

Tax Assessor Parcel #: _____

DESIGNATION OF AGENT/CONTRACTOR/TENANT/LESEE

I/we hereby designate the following party to act as my/our agent with respect to this application submitted to the City of Ferndale.

Name of designated individual: _____

Role of Individual: *Perform Construction Submit Permit (Mark all that apply)

***If not a registered contractor, you must be able to meet exemptions per RCW 18.27.090**

LEGAL OWNER MUST READ AND SIGN

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE INDIVIDUAL DESIGNATED ABOVE TO APPLY FOR THIS PERMIT AND/OR PERFORM THE CONSTRUCTION WORK (IDENTIFIED BY THIS APPLICATION ONLY) ON THE SUBJECT PROPERTY. IN ADDITION, MY SIGNATURE BELOW ALLOWS CITY STAFF INVOLVED IN THIS APPLICATION TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION AND PERFORM INSPECTIONS.

OWNER INFORMATION/SIGNATURE

Owner Name (print): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Does Owner intend to maintain "Ownership" for twelve months from date of "Final Occupancy":
YES *NO

*If you mark "No", you may be required to register as a General Contractor with the Washington State Department of Labor and Industries prior to submitting your building permit, per RCW 18.27.090(12).

I HAVE READ AND UNDERSTAND RCW 18.27.090 (EXEMPTIONS) AS IT APPLIES TO THIS PERMIT

OWNER SIGNATURE

DATE

PROOF OF OWNERSHIP MUST BE SUBMITTED WITH APPLICATION