

# CITY OF ALGONA

APPLICATION FOR  
Sign Special Use Permit

200 Washington Boulevard  
Algona, WA 98001  
(253) 833.2897



<b>Application #</b>		<b>Date Received</b>	
<b>Amount Paid</b>		<b>Received By</b>	
<b>Receipt #</b>		<b>Date Complete</b>	

## PROPERTY OWNER INFORMATION

<b>Legal Owner's Name</b>					
<b>Owner's Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone #</b>		<b>Fax #</b>			
I certify under the penalty of the laws of the State of Washington that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of this application and acknowledge that the final approval by the City of Algona, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property.					
<b>Printed Name of Property Owner(s)</b>					
<b>Signature of Property Owner(s)</b>					

## APPLICANT INFORMATION (If different from property owner)

<b>Applicant's Name</b>					
<b>Applicant's Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone #</b>		<b>Fax #</b>			
<b>Applicant's Signature</b>					

## PRIMARY CONTACT INFORMATION (If different from property owner)

<b>Contact's Name</b>					
<b>Contact's Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone #</b>		<b>Fax #</b>			

PROPERTY INFORMATION

<b>Address</b>			
<b>Parcel Number(s)/</b>			
<b>Acreage/Square Feet</b>		<b>Current Zoning</b>	
<b>Current Use</b>			
<b>Proposed Use</b>			
<b>Legal Description (May be attached)</b>			

PROPOSAL INFORMATION

<b>Please describe the reason for your request.</b>	
<b>Describe area of sign placement</b>	
<b>Type of Sign</b>	
<b>Size of Sign (square feet)</b>	
<b>Requested length of time for the special use permit (6 months maximum without an extension):</b>	

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

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**PUBLIC WORKS COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**THIS PERMIT IS GOOD FOR SIX MONTHS AND CAN BE EXTENDED FOR AN ADDITIONAL SIX MONTHS BY REQUESTING AN EXTENSION IN WRITING TO THE PUBLIC WORKS DIRECTOR.**

**EXPIRATION DATE:** \_\_\_\_\_

**SPECIAL CONDITIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_