



SIGN OF LIMITED DURATION PERMIT APPLICATION City of Woodinville

Development Services Department

425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072

Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

PROJECT ADDRESS/STREET LOCATION:	PERMIT NO.:
PROJECT/EVENT NAME:	PARCEL No.:
OWNER'S NAME AND PHONE NUMBER:	OWNER'S ADDRESS:
PRIMARY CONTACT'S NAME:	PRIMARY CONTACT'S ADDRESS:
CONTACT'S PHONE NUMBER:	CONTACT'S EMAIL ADDRESS:
CONTRACTOR'S NAME/ADDRESS/PHONE	CONTRACTOR'S LICENSE NO. & EXPIRATION DATE:
EVENT DESCRIPTION (Including dates of event):	
DATE OF SIGN/BANNER INSTALLATION:	DATE OF SIGN/BANNER REMOVAL:
NUMBER AND DATES OF PREVIOUS SIGN OF LIMITED DURATION PERMITS DURING THE PAST YEAR:	
TYPE OF SIGN: <input type="checkbox"/> STREET BANNER <input type="checkbox"/> SPECIAL EVENT SIGN/BANNER <input type="checkbox"/> POLITICAL SIGN <input type="checkbox"/> REAL ESTATE SIGN <input type="checkbox"/> OTHER: _____	
MOUNTING TYPE: <input type="checkbox"/> FREESTANDING <input type="checkbox"/> WALL <input type="checkbox"/> OTHER: _____	
SIGN DIMENSIONS:	SIGN AREA:

IMPORTANT: Do not construct or order a sign until a permit has been issued.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge. I further agree to hold harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.

OWNER / OWNER'S AGENT - Must sign in ink

DATE