

## **CITY OF DILLON SIGN PERMIT APPLICATION**

## **Administrative Zoning Permit**

## 125 North Idaho Street Dillon, Montana (406) 683-4245

### ALL INFORMATION MUST BE COMPLETED AND SIGNED BY THE OWNER OR CONTRACTOR OF THE SIGN.

1. Sign Owner (the name of the business the sign is for):	Sign Contractor:				
Name:	Name:				
Address:	Address :				
Phone Number:	Phone Number:				
E-mail Address:	E-mail Address:				
2. Location Information:					
Address of Property:	Property Owner if different than sign owner:				
Zoning Classification:	Owner's Address				
	Owner's Phone #:				
order to process permit.  A. <b>Façade dimensions</b> : Supply measurements of the a multi-tenant building, the measurement	ced on the façade of a building. All information is required in the entire façade of which the sign is going to be placed upon. In the shall be limited to the only the dimension of the tenant space.  Length				
signs on windows or glass doors.  1					
3	4				
C. Proposed Sign					
1. Type: [] Flush Wall Sign [] Sign on Awni					
Material of sign:      Dimension of sign: (W)	X (H) • Include rendering of sign				
<ul><li>4. Illumination of Sign: [] None [] Externally Illuminated* [] Internally Illuminated** [] EMC Message</li><li>5. Location of Sign: ● Include a rendering showing location of sign on façade</li></ul>					
	distance from bottom of sign to the ground:				
	ance of the sign projecting from the building:				
7. For a Awning: A. The clearance distance from bottom of the awning to ground:					
b. The overall distance th	e awilling projects from the building.				
For more than one wall sign, please use back of app	plication to provide the same information for each sign.				
Date of Applications	Foo Daid/Dassint No				
Date of Application:	Fee Paid/Receipt No				



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	<b>round Sign</b> (Pole Sign/Monui operty.	nent Sign): Use this section	on for proposed detached sign	s that are to be placed	
	mension of sign: (W) include sign base.	X (H)	• Include rendering o	of sign. Measurement	
B. Illu	mination of Sign: [] None [] E	kternally Illuminated [ ] Ir	nternally Illuminated [ ]EMC		
	1. If Electronic Message Ce	nter: Dimension of EMC (	Cabinet (W)	X (H)	
C. M	aterial of sign:				
D. Ma	aterial of sign base:	Dimer	nsions of Sign's Base: (W)	X (H)	
E Loc	cation of Sign: ● Include a site property line and each other	-	posed and existing ground sign	s and distance from	
CHA	PTER 17.52 - SIGNS				
regula	e intent and purpose of chapter 17.52 to ing and controlling the size, location, of a building for the following reasons:	*		•	
A.	To preserve Dillon's natural sceni	c beauty;			
В.	To contribute to inviting entrances into Dillon by eliminating clutter associated, in part, by the unrestricted proliferation of signs, lights and stringed devices;				
C.	To encourage area beautification through creative, interrelated design of signage, landscaping, buildings, access and parking that enhances the community's built and natural environment;				
D.	To provide all businesses an equal	qual opportunity to have a sign that will help people find the services they need; and			
E.	To ensure that pedestrians and motorists are protected from damage or injury caused or partly attributable to the distractions and obstructions which are caused by improperly situated signs. The City of Dillon intends to provide a reasonable balance between the right of an individual to identify their business and the right of the public to be protected from the visual discord that results from the unrestricted proliferation of signs. In a Historic Overlay District standards and certain exemptions, and alternative procedures utilizing design review will guide decisions. The deliberations and decisions of the review shall be directed to accomplish the intent and purposes of this section. It is determined that the regulations contained herein are the minimum necessary to further the interest of this title.				
Befo	re submitting your applicat	ion please review Dillo	on Municipal Code 17.52 Sig	ns for specific	
regu	lations				
l cer	ify that the information con	tained on this form is o	complete and accurate and t	the required	
supp	lemental information reque	st above has been prov	vided.		
Signa	ature of Applicant:		Date:		
Zonii	ng Administrator Approval: _		Date:		
Zonii	ng Administrator Denial:		Date:		
Reas	son for Denial:	Арр	ealed to Board of Adjustme	nts:	



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