



CITY OF LAGO VISTA DEVELOPMENT SERVICES

P.O. BOX 4727
LAGO VISTA, TX 78645

Tel. (512) 267-5259

Fax (512) 267-5265

APPLICATION FOR SIGN PERMIT

DATE: _____

APPLICATION IS HERE BY MADE FOR A PERMIT TO PLACE A
SIGN AT THE FOLLOWING LOCATION:

ADDRESS: _____

STREET NAME

LEGAL DESCRIPTION: _____
LOT NUMBER SUBDIVISION SECTION

OWNER INFORMATION

OWNER'S NAME _____

ADDRESS _____

PHONE _____ Email _____

CONTRACTOR INFORMATION- IF DIFFERENT FROM ABOVE

COMPANY NAME: _____

MAILING ADDRESS: _____

PH () _____ CELL () _____ FAX () _____

CONTACT PERSON

NAME: _____ DAYTIME PHONE NUMBER _____

Email _____

**NOTICE: CITY OF LAGO VISTA ELECTRICAL PERMITS ARE REQUIRED FOR THE
CONNECTION OF ALL ELECTRICAL SIGNS.**

**ALL GROUND MOUNTED SIGNS MUST INCLUDE FOUNDATION DETAILS AND
SPECIFICATIONS.**

ALL HANGING AND WALL MOUNTED SIGNS MUST INCLUDE ATTACHMENT DETAILS.

**ALL REQUESTS FOR SIGN PERMITS MUST INCLUDE DETAILED DRAWINGS AND
DIMENSIONS OF SIGN ATTACHED TO APPLICATION.**

Sign information

Sign Type _____

Sign Height (above grade) _____

Sign Width _____

Total Square Feet _____

Sign is constructed of (material) _____

Lighting (direct, Indirect, or None) _____

Cost of Sign (including construction) _____

Attach color photo or sketch of sign

Permit Number (if approved) _____

Date approved or denied _____

Additional Notes: