



**PORTABLE SIGN PERMIT APPLICATION**  
**City of Woodinville**

**Development Services Department**

425-489-2754 • 17301 133<sup>rd</sup> Avenue NE • Woodinville, WA 98072

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

SITE ADDRESS:	PERMIT NO.:
PROJECT NAME:	PARCEL NO.:
OWNER NAME:	PHONE NUMBER:
TYPE OF BUSINESS WITH WHICH THE SIGN IS ASSOCIATED:	
PRIMARY CONTACT NAME:	ADDRESS (include CITY, STATE, ZIP):
PRIMARY CONTACT PHONE NUMBER:	PRIMARY CONTACT EMAIL ADDRESS:
EXPECTED LOCATION OF SIGN:	
TOTAL SIGN AREA IN SQUARE FEET (Maximum 6 square feet):	SIGN DIMENSIONS: Width: _____ Height: _____ (Maximum 3 feet)
ZONING DESIGNATION:	
<b>SUBMITTAL REQUIREMENTS TO BE INCLUDED WITH THIS PORTABLE SIGN APPLICATION (attached):</b> <input type="checkbox"/> Two (2) sets of plans showing sign(s) dimensions and drawing of sign(s) illustrating content of sign(s).	

**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