



CITY OF JENKS PERMANENT SIGN PERMIT

P.O. Box 2007 • 211 N. Elm
Jenks, OK 74037 • (918) 299-5883

DATE:		PERMIT NO.:	
SIGN ADDRESS AND/OR LOCATION:			
NAME OF BUSINESS:			
NAME OF PROPERTY OWNER WHERE SIGN IS TO BE ERRECTED:			
PROPERTY OWNER ADDRESS:			
CITY:		STATE:	
		ZIP:	
LOT:	BLOCK:	ADDITION:	
NAME OF APPLICANT:			PHONE:
ADDRESS:		CITY:	STATE:
		ZIP:	
LICENSED JENKS SIGN CONTRACTOR:			PHONE:
ADDRESS:		CITY:	STATE:
		ZIP:	
LICENSED ELECTRICAL CONTRACTOR:			PHONE:
ADDRESS:		CITY:	STATE:
		ZIP:	
INSURANCE COMPANY INSURING SIGN:			
AGENT:			PHONE:
<input type="checkbox"/> Construction Permit		<input type="checkbox"/> Zoning Clearance	
ZONING DISTRICT:		BOARD OF ADJUSTMENT NO.:	
MATERIALS USED ON SIGN:			
SIGN LIGHTED:		ESTIMATED COST:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
NEW SIGN DIMENSIONS:		SQUARE FOOTAGE:	
DIMENSIONS OF ANY REMAINING SIGNS ON THE PROPERTY:			
SIGN LOCATION:			
<input type="checkbox"/> Grade		<input type="checkbox"/> Building Projection	
		<input type="checkbox"/> Street Overhang	
		<input type="checkbox"/> Rooftop	
		<input type="checkbox"/> Pole	
CENTER LINE OF STREET SETBACK:			
PLEASE ATTACH:			
<input type="checkbox"/> Two (2) sets of plans drawings, specifications and survey with sign location.			
<input type="checkbox"/> Marked Clearly: Name, person, firm, corporation owning, erecting, maintaining operation of sign, method and location of this identification shall appear on plans and with specifications filed with the building official.			
<input type="checkbox"/> Written consent of real estate owners or lessee of the premises upon which the sign is to be erected, if not the same.			
<input type="checkbox"/> Electrical service shall comply with requirements of the National Electrical Code.			

PERMIT COST	APPROVALS
Zoning:	*Applicant: _____ Date: _____
Sign:	Zoning: _____ Date: _____
Electrical:	Inspector: _____ Date: _____
OK State Fee:	
TOTAL SIGN PERMIT \$ _____ -	<i>*Applicant's signature acknowledges required compliance with Jenks City Code.</i>
<input type="checkbox"/> Foundation and/or Location Inspection	BY: _____ Date: _____
<input type="checkbox"/> Structural Framing Erection Inspection	BY: _____ Date: _____
<input type="checkbox"/> Electrical Inspection	BY: _____ Date: _____
<input type="checkbox"/> Final Inspection	BY: _____ Date: _____