

MIDWAY CITY

Planning Office

75 North 100 West
Midway, Utah 84049

Phone: 435-654-3223
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megan@midwaycityut.org

Visual and Architectural Committee Sign Review Application

Application Fee: \$50.00

Applicant (Owner or Authorized Agent):

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Sign Information:

Sign Address/location: _____

Brief description of sign: _____

Please review and acknowledge the following:

- All signs must comply with the Midway City Sign Ordinance 16.21 of the Municipal Code;
- No signs requiring a permit shall be installed before the date of approval by the Zoning Administrator, Architectural Review Committee and Building Department (may require a building permit);
- Submit a drawing or picture of the sign, including dimensions, building materials, site plan (only for monument signs), and location on building (only for building mounted signs) with the application;
- Submit a completed application and payment of the application fee.

Please read and sign before application submittal

If this application is for a new sign, this application will become null and void if construction is not commenced within 180 days or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced.

I declare under penalty of perjury that I am the owner or authorized agent to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time I expect that my application will be processed within a reasonable time, considering the work load of the Planning Office.

Signature of Owner or Agent: _____ Date: _____

All application fees are non-refundable. FOR OFFICE USE ONLY

STAFF:

Date Received: _____

Received By: _____

Fee Paid: _____

Application Number: _____

Zone: _____

Tax ID Number: _____

PLANNER:

Complete / Incomplete

Date: _____ Reviewed by: _____