

CITY OF FAIRBANKS SIGN PERMIT APPLICATION

JECT NAME/NUMBER:									

1/29/2025

•						ns		
APPLICANT TO COMPLETE NUMI			PLEASE PR	INT		ICE		
1. DATE	2. JOB ADDRESS					OFFICE US		
3. LEGAL PAN #	LOT NO. BLK	SUBDIVIS	ION		4. JOB NAM	E.		
DESCRIPTION	EOT NO. BER	SOBBIVIS	MOIN		4. JODIVIII	i.L		
F ADDITION NOT	MAH ADDDEGG	CITY/OT A	TE/ZID	DHONE	EAV	ЕМАП		
5. APPLICANT	MAIL ADDRESS	CITY/STA	I E/ZIP	PHONE	FAX	EMAIL		
6. OWNER	MAIL ADDRESS	CITY/STA	TE/ZIP	PHONE	FAX	EMAIL		
7. CONTRACTOR	MAIL ADDRESS	CITY/STA	TE/ZIP	PHONE	FAX	EMAIL		
10. LETTERS DISPLAYED ON	SIGN				11. TOTAL	VALUE OF WORK PER	SECTION 304.2 CITY OF	
					FAIRBANKS ADMI	STRATIVE CODE		
12. CLASS OF WORK \Box	NEW ADDITION	ALTERATION	☐ REF	PAIR MOVE	☐ DEMO	LITION		
13. DESCRIBE WORK:								
14. ATTACHED SINGLE CABIN	NET:	15. ATTAC	CHED MUI	TI CABINET:		16. # OF CHANNEL	LETTERS	
13. A1			TW " O				. CILLUI EL ESTISIO	
17. FREE STANDING OVER 10	FEET.	18 EDEE	ST A NIDING	G UNDER 10 FEET:				
16. FREE S		STAINDING	TANDENO CINDER TO LEET.					
			NOTIC	E.				
SEPARA'	TE PERMITS ARE REQUIRE				UMBING AND	MECHANICAL WO	RK	
	ND VOID IF WORK OR CONSTRUCTI			,,		IT FEES		
	DAYS, OR IF CONSTRUCTION OR V				I EKWI	II FEES		
AND NO INSPECTIONS ARE MADE FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. (303.4 CITY OF FAIRBANKS ADMINISTRATIVE CODE)				FEE DESCRIPTION		FEE		
	VE READ AND EXAMINED THIS APF ECT. ALL PROVISIONS OF LAWS AN							
	RK WILL BE COMPLIED WITH WHE TING OF A PERMIT DOES NOT PRES							
AUTHORITY TO VIOLATE OR CA	ANCEL THE PROVISIONS OF ANY LA	AW REGULATING						
I AGREE THAT THE WORK WILL	EMENTS OR THE PERFORMANCE O . BE DESCRIBED ABOVE PER THE AI	PPROVED PLANS,						
	DITIONS FURTHER SET FORTH BY THE OF THE APPLICANT TO INSURE THE							
	R INSPECTION UNTIL APPROVED B' O IN THE INTERNATIONAL BUILDIN							
Note: The City of Fairbanks charges	a convenience fee up to 3.6% (minimum \$							
debit card transa	actions not related to garbage collection.							
			APPROVE	ED FOR ISSUE BY:		CHIDALOTTA		
PRINT NAME AND TITLE (OWNER C	OR CONTRACTOR)	DATE:		_ 101 DBCD D1.		PLAN CHECK FEE		
						PERMIT FEE		
SIGNATURE OF OWNER, CONTRAC	ACTOR OR AUTHORIZED AGENT	DATE:	DATE:					
						TOTAL FEE		
CITY OF FAIRBANKS I	BUILDING DEPARTMENT	800 CUSHMA	AN STREE	ET, FAIRBANKS A	K 99701	PHONE 459-6720	FAX 459-6719	
		Visit U	Us on Web at	www.fairbanksalaska.u	S		1/29/2025	