

**TOWN OF OCEAN CITY**

Phone 410-289-8855  
Sign Permit Application



**INSPECTION DEPARTMENT**

PERMIT # \_\_\_\_\_

**I. LOCATION OF BUILDING**

Number & Street Address: \_\_\_\_\_  
Lots: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Zone \_\_\_\_\_

II. IDENTIFICATION	NAME	NUMBER, STREET, CITY & STATE	ZIP	PHONE
1. Recorded Property Owner	_____	_____	_____	_____
	_____			
2. Sign Owner	_____	_____	_____	_____
	_____			
3. Contractor	_____	_____	_____	_____
	_____			

Ocean City's Contractor License No.: \_\_\_\_\_

**Type of Installation:** Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_ Single Face: \_\_\_\_\_ Double Face: \_\_\_\_\_

**Area of Face of Sign:**

Ground (Max. 150 sq. ft.) \_\_\_\_\_ sq. Ft.      Roof (Max. 150 sq. ft.) \_\_\_\_\_ sq. Ft.  
Projection: (Max. 100 sq. ft.) \_\_\_\_\_ sq. Ft.      Wall (Min. 150 sq. ft.) \_\_\_\_\_ sq. Ft.

**III. ELECTRICIANS WRITTEN STATEMENT**

A MARYLAND LICENSED ELECTRICIAN MUST APPEAR IN PERSON TO THE BUILDING INSPECTOR'S

OFFICE TO COMPLETE THE FOLLOWING.

I, (name) \_\_\_\_\_ Trading as \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

certify that I am presently licensed in the County of \_\_\_\_\_ License # \_\_\_\_\_ as a \_\_\_\_\_

and have been hired to perform the electrical work covered by this building permit. \_\_\_\_\_

Signature and Date

Two (2) Drawings must accompany all applications and contain the following information:

1. A general site plan drawn at a legible scale which shall show the location of the proposed sign and of every building or structure on the lot.
2. Specifications and drawings drawn to scale shall indicate, but not be limited to, height above the ground, legend, structural design and attachment of sign.

Note: (1) All off-premise signs are prohibited

(2) All signs shall be constructed to withstand the wind pressure as specified in Section 1609 of the International Building Code.

(3) Temporary signs shall be removed within six (6) months of the issuance of this permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Application Date

PERMIT # \_\_\_\_\_

DO NOT WRITE BELOW THIS POINT - FOR OFFICE USE ONLY

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Sign Permit Fee \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

**APPROVALS:**

ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

Building Inspector \_\_\_\_\_

PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

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