



**CRESTED BUTTE SOUTH
PROPERTY OWNERS ASSOCIATION, INC.**
61 TEOCALLI ROAD, CRESTED BUTTE, CO 81224
PHONE (970) 349-1162, WEBSITE: www.cbsouth.net, FAX (970) 349-1163

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|-------------------|
| <u>PERMIT NO.</u> |
| <u>DATE</u> |

Sign Permit Application

| | | |
|-------------------------|----------------------|-------------------------|
| <u>PHYSICAL ADDRESS</u> | <u>LEGAL ADDRESS</u> | <u>APPLICATION DATE</u> |
|-------------------------|----------------------|-------------------------|

OWNER INFORMATION

Owner Name(s): _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

CONTRACTOR INFORMATION

Contractor Company Name: _____ Phone: _____

Primary Contact Name: _____ Phone: _____

Email Address: _____

WHAT TYPE OF SIGN PERMIT ARE YOU REQUESTING?

- New Construction Addition
 Alteration/Repair Other (please describe) _____

WHAT TYPE OF SIGN PERMIT ARE YOU REQUESTING?

- One Site Plan showing location of sign on the parcel
 A copy of the Warranty Deed is required for proof of ownership
 Sign Design – Include a drawing to scale with square footage

I have carefully examined and read the contents of this application and know that the information contained herein is correct, and that in doing the work described herein, all provisions of the Gunnison County LUR and the Crested Butte South Special Area Regulations and the applicable laws of the State of Colorado will be complied with. I further accept the conditions as required to obtain this permit.

Signed _____ Print Name _____ Date _____

| | | |
|---------------------------------------|--|-------------------------|
| <u>APPLICATION FEE</u> \$50.00 | <u>PAID BY</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ <input type="checkbox"/> Credit | <u>PERMIT ISSUED BY</u> |
|---------------------------------------|--|-------------------------|