COUNTY SIGN PERMIT APPLICATION
LINCOLN COUNTY, WYOMING

www.lcwy.org

Updated 7/13

APPLICANT/OWNER(S)

NAME:____________________________________________
MAILING ADDRESS:_________________________________________
PHONE:___________________________________________
EMAIL:__________________________________________

FOR OFFICE USE ONLY
Date Rec’d:_________________________________
Date Accepted:_________________________________
Zone:__________________________________________
Permit #:________________________________________
PIN #:__________________________________________
Is there a physical address?

BUDDLER /REPRESENTATIVE

NAME:____________________________________________
MAILING ADDRESS:_________________________________________
PHONE:___________________________________________
EMAIL:__________________________________________

PROJECT LOCATION: TOWNSHIP/RANGE/SECTION

ROAD NAME OR NUMBER ON WHICH THE SIGN WILL BE LOCATED:

DESCRIPTION OF PROPOSED SIGN: Attach a dimensioned drawing of the sign

Type of material of which the sign will be constructed?

Will the Sign be lighted? [ ] Yes [ ] No If Yes describe ______________________________________

Width _____________  Length _____________  Height _____________  TOTAL s.f.___________________

Applicants shall refer to the Land Use Regulations originally adopted May 4, 2005 and any subsequent amendments before preparing this application

Signing this permit application authorizes county personnel the right of ingress and egress from said lands for any and all inspection purposes necessary to the exercise of this permit.

I certify to the best of my knowledge, that the information and materials submitted with this application are true and correct.

__________________________________________________________                         ________________________
OWNER or AUTHORIZED SIGNATURE                                           DATE

__________________________________________________________                         ________________________
APPLICANT’S SIGNATURE (If Not the Owner)                                           DATE

APPROVAL
by ADMINISTRATOR: ___________________________________________________ DATE: _______________