SIGN BUILDING PERMIT APPLICATION – WORK SHEET

CITY OF RAPID CITY

300 SIXTH ST • RAPID CITY, SD 57701 (605) 394-4157

APPLICATION DATE: 1-12-10

CONTRACTOR OWN C
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ARCHITECT/ SURVEYOR TEL_
ENGINEERTEL
TEL
TOTAL GOST SI ISON RECEIVED JAN 12 2010 GROWTH MANAGEMENT DEPARTMENT

SIGN INFORMATION

FRONTAGE: LENGTH 25 ALLOWABLE SQ. FOOTAGE 77.5
NEW SIGNS: Construction drawing, elevation drawing, and site plan required. SEZE DIMENSIONS TYPE THEIR SELEVACE GRADIEND ON: CON: PRINTING PRINTING GRADIEND ON: SELEVACE GRADI
EXISTING SIGNS: Describe all existing signs on the premises. SIZE BIMENSIONS & CONTROL TYPE BETTER SITE OF SEPERCIAL SIGNS STATE OF SEPERCIAL SIG
SITE INFORMATION
ZONING: GC CBD X HIST X LI LDR MDR NC OC OTHER
CHANGE IN SIC CODE: YES DE BUILDING PERMIT REQUIRED: YES NO NOT FOR THIS SITE TRIANGLE UNOBSTRUCTED: YES NO NO
HISTORICAL BUILDING: DISTRICT ▼ ENVIRONS □
HISTORICAL REVIEW REQUIRED: YES NO REVIEW DATE; APPROVED: YES NO
PCD REVIEW REQUIRED: YES NO REVIEW DATE:APPROVED: YES NO D
APPLICANT HAS CHECKED FOR EASEMENTS: YES NO. (A)
ALL SIGNS IDENTIFIED (LOCATION, SIZE, TYPE): YES 🗹 NO 🗌
OFFICE USE ONLY
APPROPRIATE SIGN INFORMATION PROVIDED: YES ☑ NO □
APPROPRIATE SIGN INFORMATION PROVIDED: YES V NO
ACCEPTED DENIED MAY BE APPEALED
COMMENTS: OK FOR STEET POSTADA, NECT HIST REVIEW
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REVIEWED BY: 1/1 DATE: 1-12-10

DEVELOPMENT SERVICES CENTER

Growth Management Department
City of Rapid City
300 Sixth Street, Rapid City, SD 57701-2724
Phone: (605) 394-4120 Fax: (605) 394-6636 Web:

HISTORIC PRESERVATION 11.1 REVIEW Web: www.rcgov.com

PROJECT NAME: AJ'S WICKED SALON & SPA				
PROJECT ADDRESS: 610 St. Joe St. Rapio Chy SD.				
DESCRIPTION OF REQUEST:	Sign goekage			
YEAR CONSTRUCTED: NE	W			
HISTORIC DISTRICT: ☐ West Boulevard Historic District ☐ Downtown Historic District ☐ Individually Listed Property STATUS: ☐ Contributing	☐ Environs of Do	est Boulevard Historic District wntown Historic District Individually Listed Property		
TYPE: ☑ Commercial	☐ Residential			
OWNER OF RECORD				
Name: Cortez UC	Phone #: 665-431-3150	Fax #: 605-399-9020		
Mailing Address: 502 West L		City, State, Zip Rapito Go, SO		
Owner's Signature:		Date: [//z/10		
APPLICANT (If different from owner of record)				
Name:	Phone #:	Fax #:		
Mailing Address:		City, State, Zip		
Applicant's Signature:		Date:		