



Sign Permit

City of New Berlin, Texas

Permit Applicant Name: _____	Phone #: _____
Address: _____	City: _____
Email: _____	State: _____ Zip Code: _____
Land Owner Information (If different from Above):	
Land Owner Name: _____	Phone #: _____
Address: _____	City: _____
Email: _____	State: _____ Zip Code: _____

Date Sign to be Installed: _____

Type of Sign: Permanent

Temporary: sign to be removed after (Choose one below):

<input type="checkbox"/>	30 days permit is issued.
<input type="checkbox"/>	Other: See Attachment

Location of Sign: _____

Detailed Description of Sign: _____

Documents: Choose one

Survey Plat showing location of sign

Sign Plans, Drawings, or Construction Plans

Other: Specify: _____

Applicant Signature: _____ Date: _____

This Sign Permit is for placing a sign in accordance with the City of New Berlin, Texas Ordinance No. 2008-001

Permit Issue Date: _____ Permit Number: _____

Permit Issued By: _____

Authorized Personal- City of New Berlin

secretary@newberlintx.gov

Mailing Address: 275 FM 2538
New Berlin, Tx 78155
830-914-2455

Hours: Mon - Thurs 8:30 am to 4:00 pm
Friday Closed