Sign Topper Program
Application

Please allow for a minimum of 15 business days from the time the application is submitted to receive approval.

Date: _____

Neighborhood/Homeowners Association: _____

Authorized Contact Name: _____

Phone Number: _____ Email Address: _____

Manufacturing/Design

Please refer to the Design and Manufacturing Guidelines for permitted design elements.

Name of Sign Company: _____

Contact Name:_____Phone Number:_____

Background Color (please provide exact PMS color): _____

Text Color (please provide exact PMS color): _____

Font: _____

____Yes _____No—A scale drawing is attached

Installation

This information will be used to determine the placement and cost of the sign toppers.

Number of signs to be installed: _____

____Yes _____No –A list of street names where signs will be parallel to is attached.

____Yes _____No –A location map of the signs to be installed is attached.

For office use
Installation approved by

_____
Cost of Installation

_____

I_____ understand that the sign toppers must be designed and manufactured to the specifications listed in the document "Neighborhood Sign Topper Program: Design/Manufacturing Guidelines." I also understand and agree that all sign toppers must be approved by Community Services Staff before they can be created and installed.

For questions please contact Community Services at 972-744-4166.

For office use

Approved_____**Not Approved**_____ **By**_____ **Date:**_____