



**TOWN OF CROSS ROADS
SIGN PERMIT APPLICATION**

Office: 940-365-9693 Fax: 469-375-5905
1401 FM 424, Cross Roads, Texas 76227

Email completed application to applications@crossroadstx.gov



Date Submitted: _____

ONE APPLICATION PER SIGN IS REQUIRED
ALL BLANKS MUST BE FILLED IN FOR APPLICATION TO BE COMPLETE

SIGN INFORMATION

Address/Location of Proposed Sign: _____

Temporary:

Permanent:

Type of Sign:

Style of Sign:

Commercial:

Construction:

Free Standing (\$155): Wall (\$85):

Political:

Special Event:

Monument (\$155):

Real Estate:

Banner (Temporary only, no charge):

BUSINESS / PROPERTY INFORMATION

Business Name: _____

Daytime Phone: _____

Owners Address: _____

City, State & Zip: _____

Email Address: _____

APPLICANT INFORMATION

Name: _____

Daytime Phone: _____

Address: _____

City, State & Zip: _____

Email Address: _____

Status of Applicant: Owner

Agent

ITEMS NEEDED AT TIME OF SUBMISSION

- Map. A 1/4" scaled location map clearly showing the placement of the proposed sign in relation to adjacent streets and distance to adjacent streets
- 1/4" Scaled colored drawing with dimensions, including wall dimensions for wall signs
- Description of materials used in construction of sign
- Digital Copy of ALL submitted items
- Application Fee

Application Fee is due, in full, at time of submission.
Application Fee is non-refundable.

Signature of Applicant

Date

Town of Cross Roads' Use Only

Date completed application received: _____

Amount Due: _____

Receipt Number: _____

Expiration Date: _____

Permit Number: _____