

465 First Avenue
P.O. Box 970
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CITY OF HOLBROOK



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CITY OF HOLBROOK SIGN PERMIT

Date Issued:		Parcel #:		
Job Address:				
Owner:		Mailing Address:	Zip:	Phone:
Contractor:		Mailing Address:	Zip:	Phone:
Zoning:	Sign Height:	Sign Sq. Ft.	Permit Fee:	
Type of sign:	Front Setback:	Side Setback:	Rear Setback:	
Footing:	Depth:	Diameter:	State Permit Required:	State Permit Number:
Special Conditions:				

Owner or Contractor Signature:		Approved by:		
_____		_____		