



Building & Zoning Department

Sign Permit Application

Applicant:

Name: _____

Address: _____

City, State: _____

Phone No: _____

Business Name: _____

Business Address: _____

City, State: _____

Property where sign will be located:

Property Address: _____

Owner Name: _____

Phone Number: _____

Square Feet of Sign _____**Will this be a Temporary or Permanent Sign?** (Circle One) Temporary Permanent

If Temporary, when will sign be removed: _____

Sign Type: Monument Freestanding Wall Mounted Other: _____**Will sign be suspended or projecting over any public right-of-way?** Yes No

If yes, please provide the vertical clearance of the sign _____

Will the sign be lit? Yes No **If Yes:** Directly Indirectly**Please Attach the Following:**

*A copy of the written permission of the owner, or his agent for the placement or maintenance of sign

*A sketch or print drawn to scale showing sign location and details

Applicant Signature_____
Date**To be completed by Zoning Official:**

Parcel Number: _____ Zoning: _____ Approval Signature: _____

Is Planning & Zoning Board Approval Needed*: _____ Mtg Date: _____

Fee _____ Invoice Number: _____ Date Paid: _____

Date Approved: _____ (SEAL)

**Signage in the DT district is required for review by City Council or their designated review board, unless deemed not applicable by the Building and Zoning Official. (Zoning 3.7.4.1)*