



OFFICE
USE
ONLY

PERMANENT SIGN PERMIT APPLICATION

(Applications are due by 12pm the Wednesday prior to the Planning & Zoning Meeting)

APPLICANT / AGENT* _____ PHONE NUMBER _____

MAILING ADDRESS _____

E-MAIL _____ FAX _____

OWNER _____ PHONE NUMBER _____

MAILING ADDRESS _____

E-MAIL _____ FAX _____

***All City correspondence will be with the applicant/agent only**

LOT INFORMATION

PARCEL ID # _____ TAX ID # _____

PROPERTY ADDRESS _____

LEGAL DESCRIPTION _____

LOT _____ BLOCK _____ SUBDIVISION _____

SECTION _____ TOWNSHIP _____ RANGE _____ ACRES _____

CURRENT ZONING _____

PROPOSED SIGN INFORMATION

ON-PREMISE SIGNAGE **OR** OFF-PREMISE SIGNAGE

QUANTITY OF SIGNS BEING REQUESTED _____

WALL FREESTANDING HANGING AWNING UNDER CANOPY

SIGN DIMENSIONS _____ SQUARE FOOTAGE _____

SIGN MATERIAL WOOD METAL OTHER _____

ILLUMINATION _____

ADDITIONAL INFORMATION _____

SIGN PLAN SKETCH

A sketch of the subject property, containing the following information, is required to be submitted with this application.

1. Sketch property boundaries with measurements (in linear feet) of all sides
2. Show all existing structures on the property
3. Show all easements, specials restrictions and existing underground infrastructure
4. Locate all existing signage on the sketch and list sign type, dimensions, and square footage
5. Locate all proposed signage on the sketch and list sign type, dimensions, and square footage
6. Indicate "NORTH" on the sketch

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL STATE OR LOCAL LAW REGULATING SIGNAGE.

Signature of Applicant / Agent

Date

Signature of Owner

Date

OFFICE USE ONLY BELOW THIS LINE

APPLICATION REVIEW

- Application Complete
- Fees Paid
- Submit to the Planning & Zoning Commission for consideration
- Scan documents to address file

PLANNING & ZONING COMMISSION Meeting Date _____ Action _____

Notes _____

Application Fee \$ _____ Date Paid _____ Cash/MO#/Check# _____ Receipt # _____