



Sign Permit Application

City Building
500 Quartermaster Court, Jeffersonville, IN 47130

1. Sign Owner/Contractor:

Owner:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contractor:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

2. Location Information:

Address of Property: _____

Name of Subdivision: _____

Lot and Parcel #: _____ / _____

Zoning Classification: _____

Property Owner: _____

Owner's Address _____

Owner's Phone #: _____

3. Existing Sign Information:

Describe any signs on the same parcel:

Size _____

Location: _____

Size: _____

Location: _____

Size _____

Location: _____

Size: _____

Location: _____

Describe any signs owned by the same business:

Size: _____

Location: _____

Size: _____

Location: _____

Size: _____

Location: _____

Size: _____

Location: _____

4. Proposed Sign Information:

Permanent or Temporary Sign: _____

Time period for Use (if temporary): _____

Sign Face Area: _____

Sign Height: _____

Type of Sign: _____

Total Signage Permitted: _____

Building Façade Length: _____

5. Required Supplemental Information:

The following information must be provided as elements of the Sign Permit Application:

- a. A drawing of the sign showing its dimensions and height
- b. A site plan showing where the sign will be placed on the property

I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.

Signature of Applicant: _____ Date: _____

| | | | | |
|------------------------|----------------------|------------|----------------------------------|--------|
| <i>Office Use Only</i> | | | | |
| Application #: _____ | Date Received: _____ | Fee: _____ | Released for Installation: _____ | Yes No |