



Sign Permit Application

City Building
500 Quartermaster Court, Jeffersonville, IN 47130
812.285.6413
www.cityofjeff.net

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: _____

Office Use Only

Application #: _____ Date Received: _____ Fee: _____ Released for Installation: Yes No