

APPLICATION FOR SIGN PERMIT

Building Department

172 N 2nd St

Decatur IN 46733

office 260.724.3814

fax 260.724.9104

permit _____

date _____

Owner _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Applicant _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Location of Sign _____

Size & Type of Sign _____

Estimated Cost _____

(1) ATTACH DRAWING OF SIGN, DIMENSIONS, POLE SIZE AND/OR FOUNDATION.

(2) ATTACH PLOT PLAN SHOWING LOCATION OF SIGN, ALL PROPERTY LINES, EXISTING AND PROPOSED STRUCTURES, EASEMENTS, AND DRIVEWAYS.

Electrical Contractor _____

Address _____ Phone _____

Notes _____

FEES:

On-Premise Free Standing \$ 100 _____ Owner _____

Directional/Informational \$ 20 _____ Agent _____

Wall-Mounted, Principal \$ 100 _____

Each Additional \$ 20 _____

Off-Premise \$ 500 _____

Building Inspector: _____

TOTAL: _____

The applicant certifies that all information provided herein is accurate and true, and in accordance with the provisions of the sign ordinance of the City of Decatur, Indiana.

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