

APPLICATION FOR SIGN PERMIT
City of Decatur Building Department
225 West Monroe Street
Decatur IN 46733

office 260.724.3814
fax 260.724.9104

permit _____
date _____

Owner _____

Address _____ Phone _____

Applicant _____

Address _____ Phone _____

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 _____

FEEES:

On-Premise Free Standing	\$ 50	_____	Owner	_____
Directional/Informational	\$ 20	_____	Agent	_____
Wall-Mounted, Principal	\$ 20	_____		
Each Additional	\$ 20	_____	Building Inspector:	
Off-Premise	\$ 75	_____		_____
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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