



APPLICATION FOR SIGN PERMIT

PERMIT NO. _____

PO Box 519, 419 N Bdwy., Abilene, Kansas 67410
Tel (785) 263-2355 Fax (785) 263-2552

Address of Sign Location: _____

Name-Address of Sign Owner _____

Name-Address of Sign Contractor _____

Type of Sign:

Wall Sign Projecting Sign Free Standing Roof Sign

Memorial Sign Window Sign Ground Sign Portable

Tablets/Plaques Other Describe _____

How Many Signs: _____ Area of proposed sign(s) (sq.ft.) _____

Distance sign projects from wall _____ Total Area of Existing Signs (sq.ft.) _____

How is sign secured: _____ Total Square Foot _____

Width of right-of-way from back of curb to building _____ Height between grade line & bottom of the sign. _____

| | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|
| SIZE OF SIGN(s): | Sign 1 | | Sign 2 | | Sign 3 | |
| | Width | Length | Width | Length | Width | Length |
| | Depth | Weight | Depth | Weight | Depth | Weight |

Footings & Base information for free standing sign(s) _____

Of what material is sign constructed? _____

Is sign illuminated? If yes, how? _____ Does sign obstruct window or exit?

ON BACK OF APPLICATION, WRITE MESSAGE & ALL SYMBOLS OF SIGN!

This is to certify that I agree that the provisions of the zoning ordinance, Section 22, will be complied with whether the same are specified herein or not

Applicant Signature _____

THIS SECTION - FOR OFFICE USE ONLY

Total Sq.Ft. of Lot _____ Zoning District _____ Sign Area to Lot Area Ratio _____

Allowable Sign Area a _____ Approved _____ Disapproved _____

Minimum Permit Fee is \$5.00 up to 25 sq.ft. and \$.20 per sq.ft. thereafter PERMIT FEE: _____

City Inspector: _____ Date: _____