

Staff Use Only	
Application Number:	
Received By:	
Date:	

1.	Application is made for: (please select any o	f the following that apply)		
	Erect new sign		☐ Repair existing sign☐ Off-premises sign	
2.	Sign location (street address):			
3. Contact information: (a list of additional contacts may be attached)			hed)	
	Owner Name:	Contractor Name: Address: Telephone: E-mail:		
	Erector Name:	Subcontractor* Name: _ Address: Telephone: E-mail: * if applicable_		
 4. Please attach the following items: a. Legible site plan including specific location (legal description) and setbacks to adjacent property lines and buildings. b. Detailed drawing indicating the dimensions, materials and colors of the proposed sign and support structure. c. Certification by a registered professional structural engineer (required only for freestanding or projecting signs). d. Graphic drawing or photograph of sign copy. e. Description of the lighting to be used (if applicable). f. Proof of liability insurance (required for freestanding signs and projecting wall signs). g. Written lease or permission from property owner of site on which sign will be located (required only for off premises signs). 				
5.	Certification: (must be signed in ink)			
kn co. tha	rertify that the information and attachments owledge. In filing this application, I am the insent of the property owner(s) as demonstrated at all materials and fees required by the Toplication processed.	property owner or am ac ed by the attached lease an	ting with the knowledge and nd/or permission. I understand	
A	Applicant Signature:	[Date:	