

SIGN

PERMIT APPLICATION

Columbus/Bartholomew County
Department of Technical Code Enforcement

Instructions: Print all information in **ink**. Failure to provide requested information might delay the processing of this application. **For assistance call 812-379-1535.**

Location of proposed sign installation:

Address: _____
Number N-S-E-W Street Name City

Lot #/ Subdivision: _____
Lot # Subdivision

Owner/Occupant of above location:

Name: _____
Last First Middle Initial

Address: _____
Number N-S-E-W Street name Apt #

City State Zip Code

Telephone: (____) _____

Sign Contractor responsible for this Permit:

Company Name: _____

Contact Person: _____

Company Address: _____

Registration #: _____ E-mail: _____

Phone #: (____) _____ (____)/(____) _____ (____)

Business Name as found on ZCC:

I, hereby, certify that I have the authority to make the foregoing application, that all accompanying documents (plans and drawings) are accurate and correct; **AND that A sign-off sheet will be submitted prior to any electrical work being done. [If work is done before sign-off is submitted to this office a minimum fine of \$100.00 will be assessed the responsible party.]** I further certify that the sign(s) installed will be in compliance with the Zoning Ordinances and Building Codes of the City of Columbus and Bartholomew County and the Zoning Compliance Certificate issued for the sign(s) by the Columbus/Bartholomew County Planning Department.

Signature of Owner/Occupant / Signature of Contractor Date

For Office Use Only

Application #: _____

Permit #: _____ Fee: \$ _____

Township: _____

Map & Parcel #: _____

Subdivision: _____

ZCC: _____ Zoning: _____

Released: _____ Denied: _____

Date: ____/____/____ Received by: _____

Type of Sign to be installed:

- Wall Sign _____ h x _____ w
- Pylon Sign
Total height from grade _____ feet
Sign Dimensions _____ h x _____ w
- Monument Sign _____ h x _____ w
- Directional Sign _____ h x _____ w
- Temporary Sign _____ h x _____ w

Additional Information:

1. Sign material: _____
2. Will any electrical work be done?
 Yes
 No
3. Type of illumination (circle appropriate type)
Internal External Both

Proposed Electrical Sub-Contractor:

Name: _____

Lic #: _____

(sign-off sheet must still be submitted)

Value of proposed Sign(s): \$ _____

Total number of signs: _____

Total Fee: _____ # X \$30.00 ea. = \$ _____ .00