

Floyd County Department of Building & Development Services

2524 Corydon Pike Suite 202 New Albany, IN 47150 Phone: (812) 981-7611

Fax: (812) 948-4744 Building@floydcounty.in.gov

Temporary/Permanent Sign Application

Please Note: Any sign with a display area more than 6 square feet requires a permit.

1. General Information:

i. General information.	
Applicant:	
Applicant Address:	
Applicant Phone:	
Applicant Email:	
	e this section if <i>owner</i> is different than applicant)
Owner Name:	
Owner Address:	
Owner Phone:	
Owner Email:	
2. Site Information:	
Parcel ID Number:	
Total Acreage:	
Address of Property/Location:	
Current Use of Property:	
Current Zoning District:	

Temporary Sign Permanent Sign Detail the proposed sign: Area of Proposed Sign: Number of Signs Currently on Site: Height of Proposed Sign: Total Area of Wall (wall sign) Note: If applying for multiple signs on site, detail project below and include specific details for each sign: Sign #2 Area of Proposed Sign: Height of Proposed Sign: Total Area of Wall (wall sign) Sign #3 Area of Proposed Sign: Height of Proposed Sign: Total Area of Wall (wall sign) Sign #4 Area of Proposed Sign: Height of Proposed Sign: Total Area of Wall (wall sign) **Sign Totals** Total Number of Proposed Signs: Total Area of Proposed Signs:

3. Proposed Sign Information:

4. Required Documents:

- \$25.00 Filing Fee
- Affidavit of Ownership (if applicable)
- Site plan detailing sign location and/or structure including setbacks from property lines
- Rendering of proposed sign with dimensions

5. Signature:	
The undersigned states that the above information is true and correct.	
Date:	



AFFIDAVIT OF OWNERSHIP

I (We),		, do herel	by certify that I am (we are)	
(0	Owners of subject property)		by certify that I am (we are)	
the owner(s) of the pro-	perty legally described as	S	el ID Number)	
And hereby certify that	t I (we) have given author	rization to	, , , , , , , , , , , , , , , , , , ,	
			entioner/Representative)	
	ed application on this sub			
Name of Owner(s):	Parcel I.D. No:	Signature:	Date:	
CTATE OF	,			
STATEOF				
COUNTY OF) SS:			
COUNTY OF)			
Subscribed and sworr	n to before me, a Notary P	ublic within and for said	County and	
	C	20		
State, this da	y of	_ 20		
MY COMMISSION E	EXPIRES:			
		Notary Public		
		rotary r done		
MY COUNTY OF RE	ESIDENCE:			