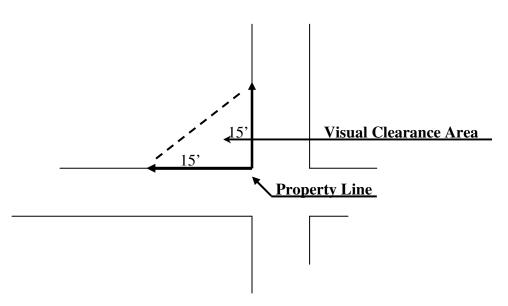
## Grant County Area Plan - Application for Sign Permit please fill out this application using inches/feet and print all information

Name of Business that the Sign is for:  Address Location of the Sign:  Property/Land Owner:  Address:  Parcel Number:  Section:  Quarter:  Twp:  Type of Sign: (please circle one in each category)  1. Lighted  Non-Lighted  2. Pole/Freestanding  Temporary/Mobile  Mounted Flat on Building  Vertical Sign (perpendicular to building)	
Property/Land Owner: Phone:  Address:  Parcel Number: Section: Quarter: Twp:  Type of Sign: (please circle one in each category)  1. Lighted Non-Lighted  2. Pole/Freestanding Temporary/Mobile Mounted Flat on Building	
Address:	
Parcel Number: Section: Quarter: Twp:  Type of Sign: (please circle one in each category)  1. Lighted Non-Lighted  2. Pole/Freestanding Temporary/Mobile Mounted Flat on Building	
Type of Sign: (please circle one in each category)  1. Lighted Non-Lighted  2. Pole/Freestanding Temporary/Mobile Mounted Flat on Building	
1. Lighted Non-Lighted 2. Pole/Freestanding Temporary/Mobile Mounted Flat on Building	
2. Pole/Freestanding Temporary/Mobile Mounted Flat on Building	
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3. On - Premise Off - Premise	
Zoning District of Property: Total Area of Sign: Width: Height:	
Distance from ground to bottom of the sign to the top of the sign	
Distance of sign from all Road Rights of Way: and Distance from intersections:,	
Name of Intersecting Roads and	
Cost of sign	
Sign Owner: Phone:	
Sign Installer: Phone:	
I hereby certify that the information given above is to the best of my knowledge true and correct. I further certify that I authorized by the owner to make the foregoing application, and that before construction is started, the owner shall be m of all conditions of the permit. I understand that if I knowingly make any false statements herein, I am subject to such p as may be prescribed by law or ordinance. I further understand that it is my responsibility to be aware of any laws or re either State or Federal which may affect this proposed installation.	nade awa penalties
Signature of Applicant or Agent: Date:	
Name and address permit is to be mailed to:	
This permit has been: Granted Denied  The permit fee is in the amount of \$ Receipt Number  Date: Authorization Signature:	

## **Visual Clearance**



office use only

	Proposed	Requirement	Field Check	Comply
Sign Setbacks Front Rear Right Side Left Side				
Face Dimensions Height  Bottom Top				
Visual Clearance Met		YES	NO	
Other Requirements N	Met	YES	NO	