

SIGN PERMIT APPLICATION

Shelby County Plan Commission
25 West Polk Street, room 201
Shelbyville, IN 46176
P: 317.392.6338 F: 317.421.8365

1. Sign Owner/Contractor:

Owner:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contractor:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

2. Location Information:

Address of Property: _____

Name of Subdivision: _____

Lot and Parcel #: _____ / _____

Zoning Classification: _____

Property Owner: _____

Owner's Address _____

Owner's Phone #: _____

3. Existing Sign Information:

Describe any signs on the same parcel:

Size _____

Location: _____

Size: _____

Location: _____

Size _____

Location: _____

Size: _____

Location: _____

Describe any signs owned by the same business:

Size: _____

Location: _____

Size: _____

Location: _____

Size: _____

Location: _____

Size: _____

Location: _____

4. Proposed Sign Information:

Permanent or Temporary Sign: _____

Time period for Use (if temporary): _____

Sign Face Area: _____

Sign Height: _____

Type of Sign: _____

Building Frontage Dimensions (if applicable): _____

Total Signage Permitted: _____

5. Required Supplemental Information:

The following information must be provided as elements of the Sign Permit Application:

- A drawing of the sign showing its dimensions and height
- A site plan showing where the sign will be placed on the property

I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.

Signature of Applicant: _____ Date: _____

Office Use Only

Application #: _____ Date Received: _____ Fee: _____ Released for Installation: Yes No