

# 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