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

Owner:	Contractor:
Name:	
Address:	Address:
Phone Number:	Phone Number:
Fax Number:	
E-mail Address:	
2. Location Information:	Proporty Owner:
Address of Property:	
Name of Out division	
Name of Subdivision:	Oursels Disease #:
Lot and Parcel #:/	
Zoning Classification: 3. Existing Sign Information:	
Describe any signs on the same parcel:	Describe any signs owned by the same business:
Size	
Location:	Location:
Size:	Size:
Location:	
Size	
_ocation:	
Size:	Size:
Location:	
4. Proposed Sign Information:	
Permanent or Temporary Sign:	Sign Height:
Time period for Use (if temporary):	
Sign Face Area:	
	Total Signage Darmitted:
5. Required Supplemental Information:	
The following information must be provided as elemer	nts of the Sign Permit Application:
$\hfill \square$ A drawing of the sign showing its dimensions and he	
□ A site plan showing where the sign will be placed or	1 the property
-	s form is complete and accurate and the required supplemental
information listed above has been provided.	
Signature of Applicant:	Date:
Oignature of Applicant.	Date.
Office Use Only	
-	
Application #:Date Received:	Fee: Released for Installation: Yes No