



City of Valparaiso

# SIGN PERMIT APPLICATION

Office Use Only	
Permit #:	_____
Date Paid:	_____
Date Notified:	_____
Date Submitted:	_____
Date Closed:	_____

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Part A IDENTIFICATION	TYPE OR PRINT IN INK
Project Address: _____ on the N / E / S / W side of the same or cul de sac Between: _____ and _____ (Cross Street) _____ streets (Cross Street) Zoning District: _____	Name of Business/Institution: _____ Owner/Lessee: _____ Address: _____ Phone: _____

Part B DETAILED INFORMATION			
<b>PROPOSED USE</b> (Check all that apply) _____ New Signage _____ Temporary Sign (Dates: _____ - _____) _____ Face Change	<b>TYPE OF SIGN</b> (Check all that apply) <input type="checkbox"/> Wall <input type="checkbox"/> Awning <input type="checkbox"/> Ground/Monument <input type="checkbox"/> Pole <input type="checkbox"/> Projecting <input type="checkbox"/> Other (Explain) _____	<b>DETAILS OF SIGN</b> (Fill in all that apply) Size: _____ height X _____ width Lighting: <input type="checkbox"/> Internal or <input type="checkbox"/> External New Electrical Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Setback from R/W _____ Overall height from grade _____	<b>ADDITIONAL INFORMATION</b> (Fill in completely) Total cost of project: \$ _____ .00 Building/Tenant Space lineal foot frontage: _____ lin. ft. # of and total area of existing signs: # _____ sq. ft.

Part C CHECK LIST & CONTRACTOR INFORMATION **(Contractor MUST be registered with Valparaiso.)**

Please include the following items when applicable:

Completed application       Detailed sketch or picture of sign(s) with dimensions  
 Landscape plan for ground sign(s)       Site Plan showing all dimensions, setbacks, & proposed location of sign(s)  
 Building/Tenant Space elevation showing the frontage dimensions and proposed location of sign (wall signs & awnings)

Sign Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

ASSIGNED FEES - TO BE COMPLETED BY BUILDING COMMISSIONER		
Planning Dept. Approval _____	Date _____	Permit Fee: \$ _____
Building Dept. Approval _____	Date _____	Insp./C.O. Fee: \$ _____
		Total Fees Due: \$ _____