

Sign Permit Application



Town of Kimball
Building Department
Earl Geary, Building Inspector

Permit #: _____
Date: _____
Permit Fee: _____

LOCATION OF SIGN:

Street Address: _____ Zoning Classification: _____

APPLICANT INFORMATION:

Name of Applicant: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone: _____ Email: _____
Sign Installer: _____ License: _____ State: _____

PERMANENT SIGN INFORMATION:

- On Building Wall
- Freestanding
- Canopy
- Illuminated (Exterior)
- Illuminated (Interior)
- Non-Illuminated

Sign Message: _____
Sign Dimensions: Length: _____ Ft. _____ Inches Width: _____ Ft. _____ Inches
Sign Area: _____ Square Feet Sign Height: _____ Ft. _____ Inches (measured from top of sign to grade)
Number of Faces: _____ Building Frontage: _____ Feet
Total Area of existing signs currently on building/premises: _____ Square Feet
Materials used in Construction: _____ Estimated costs: _____

Please Attach Drawing of Proposed Sign Cost is \$2.00 per sq ft. Double faced signs are charged accordingly

TO BE READ BY APPLICANT:

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by the Kimball Building Department. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

Applicants Signature Date

Building Inspectors Signature Date

APPROVED _____ APPROVED WITH NOTES _____ DENIED _____