

# Sign Permit Application

## CITY OF CLARION

121 1<sup>ST</sup> ST SW, PO BOX 266, Clarion, IA 50525 \* 515-532-2847 \* 515-532-2171 (Fax)

Permit #:		Date:	
Applicant's Name:		Applicants's Phone #:	
Applicants's Address:		City:	State: ZIP:
Site Name:		Business or Residential:	
Site Address:		City	State: Zip:
<b>SIGN INFORMATION</b>			
Dimension of Sign:		Sign Type _____ Wall _____ Ground _____ Projecting	
Height of Sign:		Distance Projecting from Building:	
Distance from Ground:		Illuminated _____ Moving _____	
Setbacks from Property Lines Front (ft.)	Side (ft.)	Side (ft.)	Rear (ft.)
Sign Permit Fees must be paid and approved by zoning inspector before permit can be presented to Council.			
I hereby certify that I have read and examined this application and know the above to be true and correct			
Applicants Signature:			Date:
Print Name:	Permit Fee: \$	Check #:	Cash

- \* SIGN COST \$ 0.00 TO \$1500.00 -- PERMIT FEE CHARGE: \$10.00
- \* SIGN COST \$1501.00 TO \$2500.00 -- PERMIT FEE CHARGE: \$25.00
- \* SIGN COST \$2501.00 TO \$7500.00 -- PERMIT FEE CHARGE: \$50.00
- \* SIGN COST \$7500.00 AND ABOVE -- PERMIT FEE CHARGE: \$75.00

Fee Paid	Amount Received: \$	Date of payment :
Approved By:		Date:
Approved By:		Date:
Council: APPOVED: _____ DENIED _____ DATE: _____		
IN HOUSE USE ONLY		

ON THE BACK OF APPLICATION DRAW A SKETCH OF SIGN LOCATION ON THE PROPERTY