

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

PERMIT NO:

Sign Permit Application

Date: _____

Applicant: _____

Phone No. _____

Address: _____

Owner: _____

Phone No. _____

Address: _____

THE APPLICANT IS REQUIRED TO SUBMIT A DRAWING TO SCALE, SHOWING THE ACTUAL DIMENSIONS OF THE SIGN(S), BUILDING ELEVATIONS (AS NEEDED), AND THE LOCATION OF THE SIGN(S) ON THE LOT.

Detailed location of sign(s): _____

Is the sign: Permanent or Temporary (*please circle one*)

Zoning District: _____

Existing or past use of Property: _____

Proposed use of Property: _____

TYPE, NUMBER, and DIMENSIONS OF SIGN(S): (*A drawing MUST be attached*)

TOTAL SIGN SQUARE FOOTAGE: _____

TOTAL WIDTH OF BUILDING FRONTAGE: _____

FOR OFFICE USE ONLY

Date Received: _____

Notes: _____

FEE CALCULATION

PERMANENT SIGN Base Fee + (base * Sq.Ft. * No. of Sides)
\$50.00 + (0.50 * _____ * _____) = _____ Total Amount

TEMPORARY SIGN \$15.00

Signature of Planning & Community Development Administrator: _____