



SIGN PERMIT APPLICATION

TOWN OF BARGERSVILLE

24 N. MAIN STREET, BARGERSVILLE, IN 46106

PHONE 317-422-3150 | FAX 317-422-3743

OFFICE USE ONLY

Permit # _____

Date: ____/____/____

PROPERTY INFORMATION:

Address: _____ OR General Location: _____

Current Use: _____ Proposed Use (if different): _____

Zoning: _____

APPLICANT:

Contact Name: _____ Email: _____ Mobile # _____

Name / Company: _____ Phone # _____

Address: _____

PROPERTY OWNER: (does not include tenants or contract buyers)

Name / Company _____ Email: _____ Phone # _____

Address: _____

TENANT/LESSEE: (need written approval from property owner)

Name _____ Email: _____ Phone # _____

Address: _____

USE OF SIGN: (check only one)

Permanent

Temporary: from _____ to _____
(Start Date) (End Date)

TYPE OF SIGN: (check only one)

Wall Sign: Illuminated Non-Illuminated

Directional Sign

Pole Sign

Ground Sign

Other: _____

TOTAL NUMBER OF SIGNS REQUESTED: _____ (processing fee applies to each request)

SUPPORTING INFORMATION: (Please note the following which must be provided with the application)

A dimensioned drawing showing the size of each sign face and indicating each sign's proposed location (either on the face of a structure or elsewhere on the property)

A site plan showing the location of any types of freestanding signs proposed (including the sign location, the proposed sign setback from all rights-of-way, the landscaping at the base of the proposed sign, and all sight visibility triangles)

The information included in and with this application is completely true and correct to the best of my knowledge and belief.

Signature of Applicant or Authorized Agent

Date ____/____/____

I authorize the filing of this application and will allow the Planning Department staff to enter this property for the purpose of analyzing this request.

Signature of Property Owner

Date ____/____/____

OFFICE USE ONLY

Zoning approved _____ Date _____

Permit fee \$ _____