



# Sign Permit Application

Department of Planning & Zoning  
500 Quartermaster Court, Jeffersonville, IN 47130  
812.285.6413  
[www.cityofjeff.net](http://www.cityofjeff.net)

APPLICANT	
Name:	_____
Address:	_____
Phone #:	_____
Email:	_____

## 1. Contractor & Property Owner Information:

**Contractor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

## 2. Location Information:

**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Parcel #:**

Property within the Local Historic District?: Yes  No

*To be completed by planning staff*

Zoning Classification:	_____
Building Façade Length:	_____ feet
Total Signage Permitted:	_____ square feet

*(If Yes, see item C) in 5. below.)*

## 3. Existing Sign Information:

**Describe any existing signs on the same parcel:**

**Size:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Size:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Describe any signs owned by the same business:**

**Size:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Size:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

## 4. Proposed Sign Information:

Permanent Sign  OR Temporary Sign

**Sign Type: (Check all that apply)**

Ground  Wall   
 Projecting  Window   
 Awning  Mural   
 EVMS/LED component. . . . .

EVMS/LED Sign: Yes  No

Temporary Use Length of Time: \_\_\_\_\_

Sign Height: \_\_\_\_\_

Sign Width: \_\_\_\_\_

Sign Area: \_\_\_\_\_

## 5. Required Supplemental Information:

The following information must be provided as elements of the Sign Permit Application:

- A) A drawing of the sign showing its dimensions and height
- B) A site plan showing where the sign will be placed on the property
- C) If in the Historic District, a COA (Certificate of Appropriateness) issued by the Historic Preservation Commission (Contact Laura Renwick, Indiana Landmarks 812-284-4534 for help and more information.)

**I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*-----

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Released for Installation: Yes No