



**CITY of MARION**  
**ADVISORY PLAN COMMISSION**

**APPLICATION FOR SIGN PERMIT**

(Please fill out this application using inches/feet and print all information)

Permit Number \_\_\_\_\_ Date \_\_\_\_\_

Status \_\_\_\_\_

Name of business that the sign is for: \_\_\_\_\_

Address of the sign: \_\_\_\_\_

Property/Land Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel Number \_\_\_\_\_ Section \_\_\_\_\_ Quarter \_\_\_\_\_ Twp. \_\_\_\_\_

Type of Sign: (please circle one in each category):

- |                      |                  |                          |
|----------------------|------------------|--------------------------|
| 1. Lighted           | Non-lighted      |                          |
| 2. Pole/Freestanding | Temporary/Mobile | Mounted Flat on Building |
| 3. On Premises       | Off Premises     |                          |

Zoning District \_\_\_\_\_ Total Area of Sign \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Distance from ground to bottom of the sign \_\_\_\_\_ to the top of the sign \_\_\_\_\_

Distance of sign from all road rights-of-way \_\_\_\_\_ and \_\_\_\_\_ (distance) from intersections

Name of intersecting roads: \_\_\_\_\_

Sign Owner \_\_\_\_\_ Phone \_\_\_\_\_

Sign Installer \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the information given above is to the best of my knowledge true and correct. I further certify that I am authorized by the owner to make the foregoing application, and that before construction is started, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law or ordinance. I further understand that it is my responsibility to be aware of any laws or regulations, either State or Federal, which may affect this proposed installation.

Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_

Name and address permit is to be mailed to \_\_\_\_\_

This permit had been **Granted** **Denied**

The permit fee is in the amount of \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_