



PERMANENT SIGN PERMIT APPLICATION

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AN INSPECTION IS REQUIRED WHEN THE SIGN INSTALLATION IS COMPLETED

DATE: _____

PERMIT #: _____

FEE: \$25.00/Sign

ADDRESS OF PROPOSED SIGN: _____

BUSINESS NAME : _____

LOT #: _____ BLOCK _____ ADDITION: _____

ZONING DISTRICT _____ PLOT PLAN & SCALED DRAWING ATTACHED

PROPOSED SIGN CLASSIFICATION (Check Appropriate Box)

- | | | |
|--|--|--|
| NEW SIGN <input type="checkbox"/> | COPY CHANGE <input type="checkbox"/> | EXISTING SIGN MODIFICATION <input type="checkbox"/> |
| Awning Sign <input type="checkbox"/> | Government Sign <input type="checkbox"/> | Nameplate Sign <input type="checkbox"/> |
| Bulletin Board Sign <input type="checkbox"/> | Ground Sign <input type="checkbox"/> | Portable Sign <input type="checkbox"/> |
| Home Occupation <input type="checkbox"/> | Projecting Sign <input type="checkbox"/> | LED Sign <input type="checkbox"/> |
| Construction Sign <input type="checkbox"/> | Identification Sign <input type="checkbox"/> | Roof Sign <input type="checkbox"/> |
| Directional Sign <input type="checkbox"/> | Marquee Sign <input type="checkbox"/> | Tenant Directory <input type="checkbox"/> |
| Monument Sign <input type="checkbox"/> | Wall Sign <input type="checkbox"/> | |

GENERAL INFORMATION;

Height to Top of sign _____

Height to Bottom of sign _____

The Sign Dimensions are _____x____x_____

Total gross Surface of Sign _____

The Sign is:

Illuminated <input type="checkbox"/> Indirectly Illuminated <input type="checkbox"/> Not Illuminated <input type="checkbox"/>	Single sided <input type="checkbox"/> Double sided <input type="checkbox"/>
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NAME OF PERSON APPLYING FOR PERMIT _____

NAME OF SIGN COMPANY _____

PHONE NUMBER _____

SIGN COMPANY ADDRESS _____

CITY, STATE ZIP _____

OFFICE USE ONLY:	PERMIT NUMBER: _____	PERMIT FEES \$ _____
APPLICATION REVIEW BY: _____	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>