



CITY OF ANDERSON

Sign Construction Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

Thomas J. Broderick, Jr. Mayor

♦ Incomplete Applications Will Not Be Processed ♦ Permit Valid for One Year

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

Parcel #: _____ Flood Way Map Panel #: _____

Is property in or adjacent to an established Federal Floodway Boundary and Map Area or Special Flood Hazard Area?

(Verify through Zoning Division) Yes No

If yes, complete Federal Elevation Certificate shall be submitted.

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

3. NATURE OF SIGN WORK

Start Date: _____ Completion: _____

A. Type of Work (Check One)

- Building Installation Ground Installation
- Replacement Billboard or Signs > 35 ft

B. Type of Sign

(Check All Applicable and Indicate Number of Each)

- Wall _____ Canopy _____
- Pole _____ Pylon _____
- Billboard _____ Reader Board _____
- Ground _____ Roof _____
- Interstate _____ Awning _____

C. Fair Market Value of All Work: \$ _____

D. Sign Specifications (Plans Must Be Submitted)

- Foundation Neon
- Other Illumination Separate Electric Meter

4. Intended use of Sign (Check Only One)

- Multi Family Commercial Manufacturing
- Warehousing Church Park
- School Other _____

5. CONTRACTOR INFORMATION

A. Contractor: _____

Contact Person: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

Immediate Contact Telephone: _____

Email: _____

Registered Contractor: Yes No # _____

Are You Insured: Yes No

B. Electrical Contractor: _____

Address: _____

Telephone: (____) ____ - _____

I hereby certify that I have the authority to make the foregoing application, that the application and accompanying site plan are correct, and that all construction will comply with all ordinances, currently adopted by the City of Anderson, IN. I further certify that all drainage will be properly controlled. I further certify that the construction will not be used and or occupied in any manner until all inspections have been made and a Certificate of Occupancy is issued by the Department of Municipal Development.

_____ Date: _____

FOR OFFICE USE ONLY

Application Approved Application Denied

Date Approved: _____ Initials: _____

Special Conditions _____