

## Johnson County Department of Planning & Zoning Sign Permit Application

LOCATION OF SIGN:	Sign Type: (please specify)		
Address:	☐ Ground Sign	# of signs:	
Township:	☐ Pole Sign	# of signs:	
City, State, Zip Code:	☐ Wall Sign	# of signs:	
	☐ Other:	# of signs:	
PROPERTY OWNER:			
Name:	Sign Dimensions:		
Address:	Length: Width:	Height:	
City, State, Zip Code:	Sign Face Area (Square Footage):		
Phone #:			
	Permanent Sign?   Yes	□ No	
BUSINESS (Sign Owner):	<b>Temporary Sign?</b> □ Yes	□ No	
Name:			
Address:	Additional Comments:		
City, State, Zip Code:			
Phone #:			
SIGN CONTRACTOR:			
Name:			
Address:			
City, State, Zip Code:			
Phone #:			
DEDMIT DECLUDENTENTS.			
PERMIT REQUIREMENTS:  1. The Application must be accompanied by a s	ite nlan indicating the exact locati	on of the proposed sign as	
well as the proposed setback from the road	,	, ,	
the plan.	_ , , , 5 5	•	
<ol><li>The application must be accompanied by a c any construction supports, and electrical wir</li></ol>	,		

I CERTIFY THE INFORMATION CONTAINED ON THIS FORM, AND THE PLANS SUBMITTED ARE COMPLETE AND ACCURATE UNDER THE PENALTIES OF PERJURY.

3. A landscaping plan must be submitted for each free-standing sign. The landscaping area must be equal to

Signature of Applicant	Printed/Typed Name	Date

the total sign area and shall be installed at the base of the sign.

DEPARTMENT USE ONLY:		
Parcel #: <u>41-</u>	Sign Permit #:	
Section:	Permit Fee:	
Township:	Receipt #:	
Range:	Cash:	Check #:
Zoning:	Date Released:	
	Approved By:	

Date Received:\_\_\_\_\_ Time Received:\_\_\_\_\_