



# City of Centerville, Iowa

## Zoning Administrator

312 E. Maple, Centerville, IA 52544  
Phone: (641)437-4339 Fax: (641)437-1498

### SIGN PERMIT APPLICATION

**PLEASE NOTE:** Attachments required along with submittal of this application include the following:

- A site plan showing all existing signs, lot lines, buildings, streets, etc. All dimensions are to be drawn to scale.
- A picture or illustration of the proposed sign design showing specifications, dimensions, colors, and materials.
- Wind load data, if applicable

#### Sign Information

Site Address: \_\_\_\_\_ Permit No. \_\_\_\_\_

Linear Feet of Street Frontage: \_\_\_\_\_ feet

***If More Than One Street Frontage Exists:***

Longest Street Frontage: \_\_\_\_\_ feet

One Half the Length of All Additional Street Frontages: \_\_\_\_\_ feet

Total Area of All Existing Signs: \_\_\_\_\_ square feet (Excluding incidental signs, building marker signs, and flags)

Current Site Zoning: \_\_\_\_\_

New Sign/Replacement Sign(\$\_\_\_\_\_)  Temporary Sign (\$\_\_\_\_\_) Sign Valuation: \$\_\_\_\_\_ Permit Fee:\$\_\_\_\_\_

**SIGN SIZE:** Length: \_\_\_\_\_ feet / Height: \_\_\_\_\_ feet / Area: \_\_\_\_\_ square feet **Date Fee Paid:** \_\_\_\_\_

<b>SIGN TYPE:</b>	<u>Attached Signs:</u>			<u>Detached Signs:</u>		<u>Miscellaneous:</u>
	Total Façade Area: _____ square feet			Sidewalk Clearance: _____ feet		<input type="checkbox"/> Flag
	Projection from Building: _____ feet			<input type="checkbox"/> Residential		<input type="checkbox"/> Portable
	<input type="checkbox"/> Awning	<input type="checkbox"/> Building Marker	<input type="checkbox"/> Wall	<input type="checkbox"/> Premise Identification		
	<input type="checkbox"/> Banner	<input type="checkbox"/> Premise Identification	<input type="checkbox"/> Window	<input type="checkbox"/> Incidental		
	<input type="checkbox"/> Canopy	<input type="checkbox"/> Roof, Above Peak	<input type="checkbox"/> Projecting	<input type="checkbox"/> Ground		
<input type="checkbox"/> Marquee	<input type="checkbox"/> Roof, Integral	<input type="checkbox"/> Incidental	<input type="checkbox"/> Pole			

<b>DESIGN ELEMENTS:</b>	<u>Illumination:</u>		<u>Other:</u>	<u>Materials:</u>
	<input type="checkbox"/> Indirect	<input type="checkbox"/> Direct	<input type="checkbox"/> Electronic Information	Face: _____
	<input type="checkbox"/> Internal	<input type="checkbox"/> Neon	<input type="checkbox"/> Moving	Frame: _____
	<input type="checkbox"/> Flashing	<input type="checkbox"/> Flame	<input type="checkbox"/> Rotating	Supports: _____
	<input type="checkbox"/> Bare Bulb			

#### Contact Information

Applicant/Owner: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Contractor: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Approved / Denied (circle one): \_\_\_\_\_

Zoning Administrator Signature

Date