

PERMIT NO: _____

CITY OF MARION

INSTRUCTIONS: APPLICATION MUST BE COMPLETED IN FULL, ACCOMPANIED BY A PROCESSING FEE OF \$40.00 PAYABLE TO THE CITY OF MARION. COMPLETION OF APPLICATION DOES NOT CONSTITUTE APPROVAL OR AUTHORIZATION FOR THE WORK DESCRIBED. THE PERMIT FOR THIS WORK WILL BE BASED UPON APPROVAL OF THIS APPLICATION BY THE BUILDING OFFICIAL. THE APPLICATION WILL BE APPROVED OR DENIED WITHIN THREE WORKING DAYS AFTER FILING.

NAME OF APPLICANT _____ PHONE _____

MAILING ADDRESS _____

NAME OF PROPERTY OWNER WHERE SIGN IS TO BE LOCATED _____

_____ PHONE _____

NAME OF CONTRACTOR _____ PHONE _____

MAILING ADDRESS _____

LINEAR STREET FRONTAGE AND USE OF PROPERTY ON WHICH SIGN IS TO BE LOCATED: _____ FEET STREET FRONTAGE _____

_____ USE _____

TAP MAP NUMBER _____ PRESENT ZONING _____

NATURE OF WORK: () NEW CONSTRUCTION: () ALTERATION: () REPAIR ()

<u>TYPE OF SIGN</u> (CHECK)	<u>Area of Sign face</u>	<u>Estimated Cost</u>	<u>Type of Lighting</u>
[] Free-standing	_____	_____	_____
[] Canopy	_____	_____	_____
[] Wall of Flat	_____	_____	_____
[] Projecting	_____	_____	_____
[] Marquee	_____	_____	_____
[] Roof	_____	_____	_____
[] Temporary	_____	_____	_____

NUMBER AND TYPE OF EXISTING SIGNS ON PROPERTY _____

electrical inspection _____

SITE PLAN: SHOW STREETS AND LOT DIMENSIONS WITH SIGN LOCATION AND DISTANCE TO ALL LOT LINES.

SIGN DRAWING: SHOW DIMENSIONS, SIZE, FACE AREA, AND HEIGHT OF PROPOSED SIGN (S).

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

RECEIVED _____ DATE _____ FEE PAID _____

MINIMUM SETBACK REQUIRED _____ FEET

MAXIMUM SIZE ALLOWED _____ SQUARE FEET

MAXIMUM HEIGHT ALLOWED _____ FEET

Clearance Assured: yes no

Sign Illumination: Adequate Inadequate

Findings of Building Official: APPROVED DENIED

Basis of Findings: _____

BUILDING OFFICIAL

DATE