APPLICATION FOR A SIGN PERMIT
City of Greenfield

Sign Location/Address ____________________________________________ ____________________________________________

Name of Applicant ____________________________________________ Phone: __________________ email: __________________

Business Name/Owner Name _____________________________________ Phone __________________ email: ____________

Company Erecting sign _________________________________________ Phone No. __________________ email: ____________

The sign permit will be PERMANENT ☐ TEMPORARY ☐ If temporary, expiration date ______________________

Documents for submittal: Sign Elevations ______ Photographs ______ Site plan_______ building elevations ______

Type of Sign(s): (wall, monument, pylon, awning, etc.) ____________________________

Sign Face Area: Height _______________ Width _______________ Total Sign Area (Sq. Ft.) ___________________

If Free Standing Sign: Submit Site plan. Indicate street frontage in lineal feet ______________________________

Submit Landscaping plan. Indicate size (70 sq ft minimum required) ________________________________

Setback from right-of-way______________ Sign clearance from grade of nearest street ______________

If Wall or Awning Sign: Building elevation. Indicate wall length in lineal feet ______________________________


List all existing signs on premises and total sq. footage (submit elevations and/or photos) and state for each sign the following information (use additional pages if necessary):

Sign Face Area: Type: ___________ Height ___________ Width ___________ Total Sign Area (Sq. Ft.) __________

SIGNATURE OF APPLICANT/OWNER: ____________________________________________

IF NOT APPLICANT, CONSENT OF OWNER REQUIRED: ____________________________________________

Fee Schedule:
Free Standing Signs up to 60 Sq. Ft. $200.00
Free Standing Signs over 60 Sq. Ft. $200.00 + $1.00 per Sq. Ft.
On Building Signs $45.00 + $1.00 per Sq. Ft.
Temporary Signs/Banners $15.00

Office Use Only:
PERMIT DATE ______________________

PERMIT FEE: ____________________________ PERMIT NUMBER ______________________

RECEIPT NUMBER ________ □ CASH □ CHECK, # __________ □ CHARGE______________

APPROVAL: ____________________________________________

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