

APPLICATION FOR A SIGN PERMITCity of Greenfield

The state of the s	Date of Application				
Sign Location/Address					
Name of Applicant			hone:	email:	
Business Name/Owner Name		I	Phone	email:	
Company Erecting sign		Phone	No	email:	
The sign permit will be PERM.	ANENT TEMPORAR	Y ☐ If temporary, exp	oiration date		
Documents for submittal: Sign	ElevationsPho	otographsS	ite plan	building elevations	
Type of Sign(s): (wall, monum	ent, pylon, awning, etc.)_				
Sign Face Area: Height	Width	Τ	otal Sign Area	(Sq. Ft.)	
If Free Standing Sign: Sub	mit Site plan. Indicate stre	eet frontage in lineal	feet		
Sub	mit Landscaping plan. In	dicate size (70 sq ft n	ninimum requir	ed)	
Setb	ack from right-of-way	Sign c	elearance from	grade of nearest street	
If Wall or Awning Sign: Buil	ding elevation. Indicate v	vall length in lineal fe	et		
Is sign illuminated? NO ☐ YES	S □ Internally? □ Externa	ally? New electrical	l service? YES	□ NO □	
List all existing signs on premisinformation (use additional pag		submit elevations and	l/or photos) and	state for each sign the following	ng
Sign Face Area: Type:Sign Face Area: Type:Sign Face Area: Type:Sign Face Area: Type:	Height	Width	Total S	ign Area (Sq. Ft.)	
Sign Face Area: Type:	Height	Width	Total S	ign Area (Sq. Ft.)	
Sign Face Area: Type:	Height	Width	Total S	ign Area (Sq. Ft.)	
Sign Face Area: Type: Sign Face Area: Type:	Height	Width	1 otal S	ign Area (Sq. Ft.)	
I hereby certify that the installa the Zoning Ordinance, City of	tion of this sign complies				
SIGNATURE OF APPLICAL	NT/OWNER:				
IF NOT APLICANT, CONSI	ENT OF OWNER REQ	UIRED:			
Fee Schedule:					
Free Standing Signs up to 60	Sq. Ft. \$200.00				
Free Standing Signs over 60 S		\$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			

City of Greenfield, Planning Department

APPROVAL:

10 S. State Street, Greenfield, IN 46140

Phone: 317-477-4320 Fax: 317-477-4321 E-mail: dbutler@greenfieldin.org or planning@greenfieldin.org www.greenfieldin.org

RECEIPT NUMBER ____

CASH CHECK, #___ CHARGE____

Form Revised 2022