



City of New Albany
New Albany City Plan Commission
 311 Hauss Square, Suite 329
 City – County Building
 New Albany, Indiana 47150
 Telephone: (812).948.5333 ~ Fax: (812).948.5335
 E-Mail: ssmith@cityofnewalbany.com

Sign Permit Application

Sec. I: Applicant Information (Please Type or Print)

Location:		Parcel Number:	
All Sign Applications require a Site Plan based on a survey under §156.143 (M)		Est. Cost:	\$
Contractor:		Lic. No.:	
Contractor's Address:		Phone:	
City:	State:	Zip Code:	
Lessee:		Phone:	
Lessee's Address:		Email:	
City:	State:	Zip Code:	
Owner:		Phone:	
Owner Address:		Email:	
City:	State:	Zip Code:	

Sec. II: Sign Details – Sign #1 (For Each Sign)

Sign Type:			
<input type="checkbox"/> Ground Mounted	<input type="checkbox"/> Pole Sign	<input type="checkbox"/> Façade / Elevation	<input type="checkbox"/> Sign in Right of Way <small>(Requires Board of Public Works & Safety Approval)</small>
<input type="checkbox"/> Temporary Sign: <input type="checkbox"/> Banner <input type="checkbox"/> Inflatable <input type="checkbox"/> Flag / Pennant		<input type="checkbox"/> Other: (Explain) _____	
Illuminated	LED	Video	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Internal or External?	If LED: Rate Change Per Minute	If yes, provide technical details & description.	
<input type="checkbox"/> Internal <input type="checkbox"/> External			
Height	Width	Depth	Sq. Ft.
No. of Faces	Clearance Height <small>(Ground Level to Bottom of sign face)</small>	Height to Highest Point	
Building Information	Wall: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side (facing front) <input type="checkbox"/> Left Side (facing front)		
Existing Signs	Are there any existing signs on the site / façade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide photographic documentation and indicate those to be removed.

For Office Use Only

Approvals (Agent & Date):

Planning: _____ **Building:** _____

Board of Public Works: _____

Packet Number: _____

Date Stamp

Sec. III: Sign Details – Sign #2 (For Each Sign)

Sign Type:							
<input type="checkbox"/> Ground Mounted	<input type="checkbox"/> Pole Sign			<input type="checkbox"/> Façade / Elevation	<input type="checkbox"/> Sign in Right of Way <small>(Requires Board of Public Works & Safety Approval)</small>		
<input type="checkbox"/> Temporary Sign: <input type="checkbox"/> Banner <input type="checkbox"/> Inflatable <input type="checkbox"/> Flag / Pennant				<input type="checkbox"/> Other: (Explain) _____			
Illuminated		LED			Video		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Internal or External?		If LED: Rate Change Per Minute					
<input type="checkbox"/> Internal <input type="checkbox"/> External							
Height		Width		Depth		Sq. Ft.	
No. of Faces		Clearance Height (Ground Level to Bottom of sign face)				Height to Highest Point	
Building Information	Wall: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side (facing front) <input type="checkbox"/> Left Side (facing front)						
Existing Signs	Are there any existing signs on the site / façade?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide photographic documentation and indicate those to be removed.	

Sec. IV: Sign Details – Sign #3 (For Each Sign)

Sign Type:							
<input type="checkbox"/> Ground Mounted	<input type="checkbox"/> Pole Sign			<input type="checkbox"/> Façade / Elevation	<input type="checkbox"/> Sign in Right of Way <small>(Requires Board of Public Works & Safety Approval)</small>		
<input type="checkbox"/> Temporary Sign: <input type="checkbox"/> Banner <input type="checkbox"/> Inflatable <input type="checkbox"/> Flag / Pennant				<input type="checkbox"/> Other: (Explain) _____			
Illuminated		LED			Video		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Internal or External?		If LED: Rate Change Per Minute					
<input type="checkbox"/> Internal <input type="checkbox"/> External							
Height		Width		Depth		Sq. Ft.	
No. of Faces		Clearance Height (Ground Level to Bottom of sign face)				Height to Highest Point	
Building Information	Wall: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side (facing front) <input type="checkbox"/> Left Side (facing front)						
Existing Signs	Are there any existing signs on the site / façade?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide photographic documentation and indicate those to be removed.	

In consideration of the approval of this application the undersigned hereby agrees to comply with all sign standards stipulated in the Code of Ordinances. Also, in accepting this permit the owner or his authorized agent agrees to comply with all applicable zoning regulations for the Zoning District in which said sign is to be constructed.

Signature of Authorized Agent / Owner

Date

ATTENTION:
Improvement Location Permit must also be attached prior to complete application. For more than three signs complete multiple applications.