

SIGN PERMIT APPLICATION



128 W. Lincoln St.
PO Box 247
Walcott, IA 52773
563-284-6571 x 18

FOR OFFICE USE ONLY

PERMIT NUMBER	PERMIT FEE
--	\$

PROJECT LOCATION

PROJECT STREET ADDRESS _____ DATE _____

OWNER

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT NUMBER _____

CONTRACTOR

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT NUMBER _____

PROJECT DESCRIPTION

ESTIMATED TOTAL COST

\$ _____

ZONING DISTRICT _____

★ SIGN CONSTRUCTION


Type of Sign: _____ Dimensions: _____ x _____

Will sign be electrified? Yes No Height (if free-standing) _____

SKETCH IS REQUIRED FOR APPROVAL PRIOR TO RECEIVING PERMIT

ALL WORK MUST COMFORM TO THE CODES OF THE CITY OF WALCOTT

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the applicable ordinances of the City of Walcott and the State of Iowa.

 Signature of Owner/Contractor: _____

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ZONING APPROVAL AS PER SKETCH PLAN: _____ DATE: _____

BUILDING OFFICIAL: _____ DATE: _____