

Sign Permit No. _____ Fee \$ _____ Date Paid _____

CITY OF ELKADER SIGN PERMIT APPLICATION

207 North Main - PO Box 427 Elkader, IA 52043 (563) 245-2098

Chapter 156 of the Municipal Code

Address of proposed sign: _____

Business name: _____

Zoned: _____

Applicant Name: _____

Address (if different than sign address): _____

Applicant phone number: _____

Contractor name and phone (if contractor is not applicant): _____

Approximate cost of project: \$ _____ Projected date of completion: _____
(Permit expires 12 months after date of issue.)

Signature of applicant: _____ Date: _____

If applicant is not the building owner, consent of owner required.

Signature of owner: _____ Date: _____

APPLICATION APPROVED / DENIED

Does this need MSE Design Committee approval?

Public Works Director

City Administrator/Clerk

Detailed drawing or photo required. (Photos of buildings can be found on County Assessor's website: <https://beacon.schneidercorp.com/?site=ClaytonCountyIA>)

Please include the following:

___ position of sign on building or in relation to building; include distance from lot lines or height off of sidewalk/street; include any signs already on the building;

___ position of sign in relation to nearby buildings;

___ drawing or schematic of sign;

___ information from sign contractor (method of construction and attachment to building - is it flat to the wall? is it projecting? is it ground mounted?);

___ size of sign(s): _____

___ number of signs _____

___ will sign be illuminated? _____

(if so, describe method) _____

___ additional information not addressed by above list: _____
(use back if necessary)