



SIGN PERMIT APPLICATION

Department of Community & Economic Development
Division of Code Enforcement
1700 Greenup Avenue, P. O. Box 1839, Ashland, Kentucky 41105-1839
Phone: (606) 385-3317, Fax (606) 385-3326

APPLICANT: _____ DATE: _____

ADDRESS: _____ PHONE: _____

LOCATION (ADDRESS) OF SIGN: _____

NAME OF COMPANY OR BUSINESS THIS SIGN IS FOR: _____

SIGN CONTRACTOR: _____ BUSINESS LICENSE No.: _____

TYPE OF SIGN: _____ WALL MOUNTED _____ FREESTANDING _____ PROJECTING

SIZE OF SIGN: _____

HEIGHT OF SIGN: _____ AREA OF SIGN (SQ FT): _____

NAME AND ADDRESS OF PROPERTY OWNER IF DIFFERENT FROM ABOVE:

I hereby certify that this work is authorized by the owner of record and that I have been authorized by the owner to make this application and agree to conform to all applicable laws of the City of Ashland as regulated by Ordinance 56, 1998.

Disclaimer: This permit is issued conditionally that the sign does not adversely affect the health, safety and welfare of the community and the citizens of the city. I understand that if it is determined by the city that the sign *does* adversely affect the health, safety and welfare of the community, and then I shall move or remove the signage at my expense.

Signature of Applicant

Date

THE FOLLOWING INFORMATION IS REQUIRED

1. Linear footage of lot frontage: _____
2. Linear footage of building wall facing a public street: _____
3. Size of existing signs: _____
4. Type of existing signs: (example: freestanding, projecting, wall mounted, etc.) _____
5. A drawing to scale showing the design of the sign including dimensions, method of attachment of support, sources of illumination, and listing as required by the National Electric Code.
6. A site/plot plan to scale, indicating the location of the sign relative to property lines, easements, streets(s), sidewalk(s), structures, utilities and other signs

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY

ZONING DISTRICT: _____

SIGN PERMIT FEE: \$ _____

USE GROUP: _____

APPROVED/DENIED DATE: _____

NOTES: _____