OFFICE OF THE BUILDING COMMISSIONER
City Of Muncie
300 North High Street
Muncie, Indiana 47305
(765) 747-4862

TEMPORARY SIGN PERMIT APPLICATION – 30 DAY PERIOD

Name of Business/Organization Advertised: __________________________________________________

Address/Location of Sign: _______________________________________________________________
Phone: __________________________

On Premises: ______    Off Premises:  _____

Owner of Real Estate on which sign is to be located: _______________________________________
Address:  __________________________________________________________________________

Sign Contractor: ______________________________________________________________________

Type of Sign (please check)
_____ Ground          _____  Roof          _____  Wall          _____  Pole
_____  Home Occupation                      _____  Projecting
_____  Non-illuminating                      _____  Illuminated

Dimensions:  Vertical  ______  Horizontal  _______  Total Square Feet  ___________
            Height in feet above grade level to bottom of sign:  ___________ feet
            Height in feet above grade level to top of signboard: ___________ feet

Site Plan: Please include drawing showing location of sign on lot, setbacks from property lines, or back of this sheet may be used for drawing.

The undersigned agrees that the information provided above is correct and that any construction, enlargement, reduction, or relocation of the structure, or any change in the use of land or structures requested by this application will comply with all applicable laws of the State of Indiana and the City of Muncie Comprehensive Zoning ordinance, 1972, and all amendments thereto.

___________________________________  _____________________________________
APPLICANT NAME (PRINT)   APPLICANT (SIGNATURE)
ADDRESS: _____________________________________________________________________
PHONE:  ________________________     (SIGN APPLI) 8-31-00