

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

For Office Use
Date Applied: _____
Date Issued: _____
Expiration Date: _____
Permit Number: _____

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)

<input type="checkbox"/> Ground	<input type="checkbox"/> Roof	<input type="checkbox"/> Wall	<input type="checkbox"/> Pole
<input type="checkbox"/> Home Occupation		<input type="checkbox"/> Projecting	
<input type="checkbox"/> Non-illuminating		<input type="checkbox"/> 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