

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

<b>For Office Use</b>
<b>Date Applied:</b> _____
<b>Date Issued:</b> _____
<b>Expiration Date:</b> _____
<b>Permit Number:</b> _____

**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