

**HARRISON COUNTY PLAN COMMISSION
SIGN PERMIT APPLICATION**

OWNERS NAME _____ PHONE _____

OWNERS ADDRESS _____

PROJECT ADDRESS _____

CURRENT USE OF PROPERTY _____

EXISTING SIGNS ON PROPERTY yes___ no___ If yes attach photos and dimensions of all signs that will remain on the property once proposed signs are installed.

PROPOSED SIGNS

FREESTANDING-	size	height	Lighted(y/n)	Cost
1. _____	_____	_____	_____	_____

WALL	size	type	Lighted(y/n)	Cost
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Dimensions of building wall(s) facing a public street- height_____ width_____ second street if applicable- Height_____ width_____

PERMIT CHECKLIST- each item must be completed.(electric permits are exempt)
____ drawing or picture of each sign that indicate dimensions of sign
____ copy of recorded contract or deed attached.
____ copy of sign plan showing structure(s) and locations of all proposed signs

Has a variance or special exception ever been applied for or approved for this property__yes__no.
If yes please describe _____

I agree that, if granted a permit for the above described sign(s) at the location designated in the County of Harrison, I will observe and comply with all laws, ordinances, and regulations affecting the use of such signs including the Zoning Ordinance and all Ordinances amendatory thereof and supplement thereof now in force in the County of Harrison and consent to inspection of the premises for which the permit is requested, prior to as well as after the requested permit is issued. It is also understood and agreed that the information indicated on this application will be used to guide all future decisions made by the Plan Commission regarding the continued use/repair of the signs included under this permit and agree that any sign found to be in violation shall be voluntarily removed within thirty days of notification.

Signature of property owner/ representative

date

IF THERE ARE ANY QUESTIONS PLEASE CALL (812) 738-8927 M-F 8-4:30.

FOR OFFICE USE ONLY

Administrator/Planner _____ Date _____ Fee _____

Comments _____

Key word _____

TOWNSHIP _____ SECTION _____ TWP _____ RANGE _____ PARCEL _____

RECEIPT# _____ Mth _____ PERMIT# _____