



Sign Permit Application

PLEASE COMPLETE EVERYTHING IN PURPLE

Permit # _____

Date Issued _____

Receipt # _____



Property Address _____

Date of Application _____

Location of Sign: _____

Zoning: _____

Sign Width: _____

Sign Height: _____

Sign Square Foot: _____

Distance From Property Lines:

Project Start Date:

Describe Work Performed:

Owner's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Cell Phone _____

Email _____

Valuation (cost of project & labor): _____

All signs must meet zoning requirements and specifications for signs as set forth in Chapter 18.44 of Chariton Municipal Code.

All signs in the Historical District must be reviewed by Historical Preservation Commission.

It is the responsibility of the permittee to call for all inspections with 48-hour notice and be on site for inspection.

I Hereby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Please Print _____

Applicant Signature _____

Owner

Contractor

Contractor's Name _____

License # _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

OFFICIAL USE ONLY

All signs having a valuation from one dollar to one thousand dollars the fee shall be fifteen dollars. \$ _____

All signs which exceed one thousand dollars in valuation, the fee shall be computed on the basis of fifteen dollars for the first one thousand dollars and one dollar per one hundred dollars of valuation, or portion thereof, in excess of the first one thousand dollars valuation. \$ _____

For any additional inspections(s) or reinspection(s) of a sign erected, altered, constructed, rebuilt, remodeled, relocated or expanded under the general requirements of this section the shall be fifteen dollars per inspection. \$ _____

Total: \$ _____

City of Chariton Building Department
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
codeofficer@chariton.org

Denied

Approved

Building Official

Date