



Application for a Zoning Permit

City of Peru Building & Zoning
35 S Broadway, Peru, IN 46970
Phone: 765-473-4881
www.cityofperu.org

For Staff Use Only

Submittal Date:	
Complete Date:	
Fee:	Staff:
Case #	

SIGN APPLICATION
APPLICANT INFORMATION

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNERS _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PRIMARY POINT OF CONTACT: APPLICANT OWNER

PROPERTY INFORMATION

ADDRESS OR PROPERTY LOCATION: _____

LEGAL DESCRIPTION OF PROPERTY: _____

PARCEL ID# _____

SECTION: _____ TWP #: _____ TOWNSHIP: _____ RANGE: _____

FLOODPLAIN ZONING: _____

CURRENT PROPERTY ZONING: _____

APPLICANT SIGNATURE/OFFICE REVIEW

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PROP OWNER: _____ DATE: _____

SIGNATURE OF ZONING ADMIN: _____ DATE: _____

LEGAL NOTICE PUBLISHED: _____ HEARING DATE: _____

PLANNING & ZONING COMMISSION IF REQUIRED

APPROVED BY P & Z: YES NO DATE: _____

CIRCLE ONE

SIGN PERMIT INFO

LOCATION OF SIGN:

<input type="checkbox"/>	COMMERCIAL LOCATION
<input type="checkbox"/>	RESIDENTIAL LOCATION

IS THIS AN UPGRADE OF A CURRENTLY EXISTING SIGN?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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NOTES: _____

APPLYING FOR THE FOLLOWING TYPE OF SIGN:

<input type="checkbox"/>	WALL	<input type="checkbox"/>	WOOD FRAME	<input type="checkbox"/>	FREE STANDING
<input type="checkbox"/>	ROOF SIGN	<input type="checkbox"/>	PROJECTING	<input type="checkbox"/>	PORTABLE
<input type="checkbox"/>	CANOPY	<input type="checkbox"/>	MARQUEE	<input type="checkbox"/>	ILLUMINATED
<input type="checkbox"/>	BILLBOARD	<input type="checkbox"/>	**TEMPORARY	<input type="checkbox"/>	METAL FRAME
<input type="checkbox"/>	HOME OCCUPATION		<small>*7 DAYS OR LESS, NO MORE THAN 6 TIMES A YEAR OR 3 DAYS IN RESIDENTIAL AREA</small>		

ADDRESS FOR THE SIGN: _____

BETWEEN SIDE STREETS: _____

AND

NUMBER OF SIGNS BEING INSTALLED _____

DIMENSIONS _____

PERMITTED BY ZONING:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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INSTALLATION CONTRACTOR: _____

CONTRACTOR CONTACT: _____

PHONE: _____

HEARING NEEDED?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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DATE: _____

DOCUMENTS NEEDED:

<input type="checkbox"/>	ELEVATION OF SIGN (SIZE, MATERIALS, COLOR, DIMENSIONS)
<input type="checkbox"/>	LIGHTING DETAILS (METHOD & HOURS OF ILLUMINATION)

WILL SIGN BE LIT:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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<input type="checkbox"/>	MOCK UP OF SIGNS
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<input type="checkbox"/>	SITE & ELEVATION PLAN (Scaled, showing & labeling: location of proposed signs, existing signs, dimensions of all signs, dimensions of existing structures, setbacks from property lines, dimensions of sign plan.)
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