

SIGN PERMIT APPLICATION

TOWN OF PITTSBORO
80 N MERIDIAN STREET, P.O. BOX 185
PITTSBORO, INDIANA 46167
Phone: 317.892.3326 | Fax: 317.892.4159

Permit #

Location & Project Information	Address of Sign:		Suite # (if applicable)
	Lot #:	Subdivision:	Parcel #:
Zoning:	Flood Plain <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Construction Cost:	Township:

Applicant or Tenant:	Name:		
	Street Address:		City, State Zip:
	Contact:	Phone:	Fax:
Property Owner	Name:		
	Street Address:		City, State Zip:
	Contact:	Phone:	Fax:

Sign Data	<input type="checkbox"/> Wall	<input type="checkbox"/> Monument	<input type="checkbox"/> Banner	<input type="checkbox"/> Portable	<input type="checkbox"/> Pylon/Pole	<input type="checkbox"/> Suspended	<input type="checkbox"/> Projecting
Lighting:	<input type="checkbox"/> Incandescent		<input type="checkbox"/> Fluorescent		<input type="checkbox"/> Other		<input type="checkbox"/> None
	<input type="checkbox"/> Internal				<input type="checkbox"/> External		
Dimensions:	Length:		Width:		Height:		
Sign Area:	<input type="checkbox"/> Single Faced		<input type="checkbox"/> Double Faced		Sq. Ft. per Face:		Total Square Feet
Temporary Sign Display Period:	Begin:			End:			
Building Information:	<input type="checkbox"/> Single Occupant		<input type="checkbox"/> Multi-tenant		Sq. Ft of Building Face(wall sign):		
Setback for Free Standing Sign: Distance to Nearest R.O.W:							
Existing Signs on site:							

The undersigned certifies that the signatures, statements, and claims herein contained and the information herewith submitted are in all respects correct and true, and this sign will be erected and maintained in accordance with all applicable laws of the State of Indiana and the Zoning Ordinance of the Town of Pittsboro, Indiana and all acts amendatory thereto, and shall be erected within one year and completed with six months of issuance of this permit or it shall be null and void requiring the owner to resubmit an application and fee for permit issuance.

Signature of Owner / Authorized Agent	Printed Name	Date
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**SIGN PERMIT APPLICATION
CONTINUED**

PLEASE PROVIDE TWO (2) COPIES OF EACH OF THE FOLLOWING DOCUMENTS FOR APPLICATION REVIEW.

- SITE PLAN SHOWING ALL EXISTING RIGHT-OF-WAYS, STRUCTURES, SIGNS AND PROPOSED SIGN(S)
- ELEVATION VIEW OF PROPOSED SIGN(S) SHOWING ALL DIMENSIONS
- DESCRIPTION OF MATERIALS TO BE USED ON PROPOSED SIGN(S)
- INSTALLATION AFFIDAVIT

Overlay Zones:	<input type="checkbox"/> Historic Overlay	<input type="checkbox"/> Corridor Overlay	<input type="checkbox"/> Flood Hazard
Variance(s) Granted:			

Office use Only

Reviewed By: _____ **Date:** _____

Approved By: _____ **Date:** _____

Permit Fee: _____ **Other Fee:** _____

THE FOLLOWING ITEMS ARE CONCERNS OF THE STAFF AFTER REVIEW OF THIS APPLICATION. ALL ITEMS LISTED BELOW MUST BE ADHERED TO AS A CONDITION OF THE ISSUANCE OF THIS PERMIT:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SIGN INSTALLATION AFFIDAVIT

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Phone: 317.892.3326 | Fax: 317.892.4159

Permit #

STATE OF INDIANA }
 } SS:
COUNTY OF HENDRICKS }

Before the undersigned authority personally appeared _____, who
Being first duly sworn on his oath deposes and says of his own personal knowledge that:

1. The sign(s) approved by the Town of Pittsboro under permit number(s) _____, will be installed according to the specifications And standards set forth by the manufacturer, and the Underwriters Laboratory (“UL”).

2. The Town of Pittsboro, a Municipal Corporation by and under the virtues of the State of Indiana will be held harmless of liability for structural, electrical or other failures caused by manufacturing, installation and/or use of said signs.

I, the undersigned, further state that I am familiar with the nature of an oath and with the penalties as provided by the laws of the State of Indiana for falsely swearing to statements made in an instrument of this nature. I further certify that I have read the full facts of this Affidavit, and understand its context.

Further affiant sayeth naught.

Signature

STATE OF INDIANA }
 } SS:
COUNTY OF HENDRICKS }

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the foregoing Sign Installation Affidavit and who having been duly sworn states that any representations contained therein are true.

Witness my hand and Notarial Seal this _____ day of _____, 20 _____.

Signature

Printed, Notary

My Commission Expires: _____ / _____ / _____
County of Residence: _____

AFFIDAVIT AND CONSENT OF PROPERTY OWNER

I (we) _____
After being first duly sworn, and say:

1. The I/we am/ are the owner(s) of the real estate located at _____

Parcel Number(s) _____

Subdivision & Lot #: _____

- 2. That I/we have read and examined the Application for Sign Permit approval, and am/are familiar with its contents.
- 3. That I/we have no objection to, and consent to such request as set forth in the application.
- 4. That such request being made by the Applicant is/is not a condition of the sale or lease of the above-referenced property.

Signature of Affiant Date

Printed Name Date