



Town of Ferdinand
 2065 Main Street
 FERDINAND, IN 47532-0007
 Phone 812-367-2280
 Fax 812-367-1303
 E-mail: townofferdinand@psci.net
www.ferdinandindiana.org

PERMANENT SIGN PERMIT APPLICATION

**Please submit two copies of a scale drawing of the proposed sign along with this application.
 Each sign applied for must have its own permit.**

SIGN LOCATION INFORMATION

Date of Application: ____ / ____ / ____

Name of Business: _____ Contact Person: _____

Address of Sign: _____

Phone: _____ Fax: _____

Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

SIGN INFORMATION

Type of Sign: Wall Ground Pole Projecting
 Other: _____

Illumination of Sign: Interior Exterior None

New Electrical Service: Yes No

Faces of Sign: Single Double

Size of Sign: _____ Height _____ Width

Overall Height from Grade: _____ Total Area: _____

Setback from R-O-W: _____ Sq. Ft. of Sign Face: _____

Number of Existing Signs: _____ Square Footage to be Retained: _____

Start Date: ____ / ____ / ____ Completion Date: ____ / ____ / ____

COMPANY or PERSON RESPONSIBLE FOR PLACEMENT & REMOVAL OF SIGN

Name: _____ Email Address: _____

Address: _____

Phone: _____ Fax: _____

Contact the Zoning Administrator at (812) 367-2280 with questions and concerns regarding this application/topic.

CERTIFICATION

I hereby certify that I have the authority to make the above application, that the application is correct, and that any construction, reconstruction, enlargement, relocation, or alterations of structures, or in any changes of use of land or structures requested by this application will comply and conform to all applicable laws of the State of Indiana and Ordinances of the Town of Ferdinand.

I further understand and agree that any improvements installed or constructed over a recorded utility or drainage easement, whether or not authorized by a permit, is undertaken at the risk of the property owner, and that in the event access to such easement is required for installation or maintenance of utilities, the improvement shall be removed at the expense of the owner.

I further certify that the construction will not be used until proper certificates of completion and compliance are filed with the Plan Commission, Ferdinand, Indiana.

Signature of Owner/Authorized Agent

Date: ____ / ____ / ____

FOR INTERNAL USE ONLY

Sign Area: _____ **Zoning:** _____ **Sign Fee:** _____

Application: [] Approved [] Denied **Permit #:** _____

Reviewed By: _____ **Date:** ____ / ____ / ____

Comments: _____

_____ **Street Department** _____ **Utility Department** _____ **Wastewater Department**
_____ **Zoning District** _____ **Town Manager**

SITE PLAN

Required Rear Yard Setback	

Required Side/Front Yard Setback	Required Side/Front Yard Setback
_____	_____
Required Front Yard Setback	
