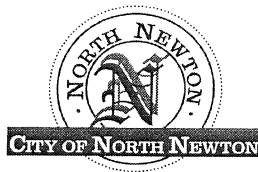


CITY OF NORTH NEWTON
2601 NORTH MAIN
P.O. BOX 87
NORTH NEWTON, KS 67117



PHONE: 316-283-7633
FAX: 316-283-6660

SIGN, AWNING, CANOPY & MARQUEE PERMIT APPLICATION
(Ord. 562-12)

PERMIT NO.: _____

Contractor: _____ Telephone: _____

Property Address: _____ Estimated Completion Date: _____

Property Owner/Tenant: _____ Telephone: _____

ACTIVITY: Erect Alter Repair Move TYPE: Attached Detached (Plot plan req.)

TYPE SIGNAGE: Sign Awning Canopy Marquee

TO BE LOCATED AT (specifically): _____

Valid insurance coverage: Yes No Installation will be: Illuminated Non-illuminated

Electric current consumption will be _____ watts, _____ volts.

Will installation obstruct a fire escape, window, or door? Yes No

Lower edge will be _____ feet _____ inches above grade.

Height: _____ feet _____ inches; Width: _____ feet _____ inches; Face area: _____ square feet.

Inner edge will be _____ inches from building. Outer edge will be _____ inches from building.

Installation will extend to within _____ feet _____ inches beyond property line.

Installation will extend to within _____ feet _____ inches of curb.

Wording on sign: _____

Lot front footage: _____ Zone: _____

Square footage area of existing sign: _____ square feet

Square footage area of this sign: _____ square feet

Total area of existing and this sign: _____ square feet

Fees: Permanent signs @ \$1.50 per square foot..... \$ _____

Temporary signs @ \$15.00 per sign \$ _____

TOTAL PERMIT FEE \$ _____

Any construction, installations or alterations must be fastened and secured by approved supports and be completed in compliance with City codes, ordinances, and requirements and be approved by the Building Inspector. Grantees hereby agree to hold the City harmless from all liabilities accruing by reason of issuance of this permit.

APPLICANT SIGNATURE: _____

ISSUED BY: _____ DATE: _____