



SIGNS APPLICATION

Neighborhood & Development Services

Phone: 620-276-1120 | Fax: 620-276-1173 | Email: gcpermits@gardencityks.us

PROJECT INFORMATION

All information must be provided. The permit won't be reviewed until all required information and documents are submitted.

Location: <input type="checkbox"/> Garden City <input type="checkbox"/> Holcomb <input type="checkbox"/> Finney County	Business Name: _____
Project Address: _____	Project Valuation: \$ _____
Property/Business Owner Information: Name: _____ Address: _____ Phone number: _____ Email: _____	Applicant Information: Name: _____ Phone number: _____ Email: _____ Relationship: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____

Contractor Information:
 General Contractor/Sign Installer: _____
 Electrical: _____ Other: _____

Type of Work:
 New Sign Installation Sign Repair Sign Face Replacement

Type of Sign(s): (check all that apply)
 Wall Sign Pylon Sign Pole Sign Monument Sign Electronic Message Board (EMB) Banner

Sign Details:

Type: _____	Type: _____	Type: _____	Type: _____
<input type="checkbox"/> Height: _____			
<input type="checkbox"/> Width: _____			
<input type="checkbox"/> Total area: _____			

Site/Building Information:
 Information required for all signs and locations:
 Linear Street Frontage: _____ ft.
 Information required for wall signs:
 Building Façade area the sign is affixed to: _____ sq. ft.
 Building Façade area the sign is affixed to: _____ sq. ft.
 Building Façade area the sign is affixed to: _____ sq. ft.
 Building Façade area the sign is affixed to: _____ sq. ft.
 Information required for C-3/Downtown properties:
 Retail Area of building: _____ sq. ft.

Documents Required:

- Design Plans:
 - Sign dimensions
 - Sign design
 - Building elevations
 - Construction and footing details
 - Landscaping for EMBs
- Site Plan:
 - Sign locations
 - Distance from property lines

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE CODE OF ORDINANCES OR RESOLUTIONS OF THE CITY OF GARDEN CITY, FINNEY COUNTY, OR HOLCOMB AS APPLICABLE AND OTHER APPLICABLE REGULATIONS AND LAWS THAT MAY APPLY. I HEREBY UNDERSTAND THAT AS THE APPLICANT I AM RESPONSIBLE FOR LOCATING ALL UTILITIES PRIOR TO COMMENCING WORK. CONSTRUCTION MUST BE STARTED WITHIN 180 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 180 DAYS OR THIS PERMIT SHALL BE NULL AND VOID. **THIS PERMIT MAY EXPIRE IN 180 DAYS FROM THE DATE OF APPROVAL. REQUESTS FOR INSPECTIONS REQUIRE A MINIMUM 24 HOURS NOTICE. THE PERMIT APPROVAL PROCESS MAY TAKE UP TO 5 BUSINESS DAYS.**

APPLICANT'S SIGNATURE: _____ DATE: _____