



INSPECTIONS: PH: 620-276-1120 FAX: 620-276-1173 www.garden-city.org
 301 N. 8th, P.O. Box 998 Garden City, KS 67846

SIGN PERMIT APPLICATION:

LOCATION: Garden City Holcomb Finney County Fee per sign: \$75 Permanent
 \$35 Temporary 11-30 days
 \$25 Temporary 10 days or less
 EMB & Off-Site valuation based

PROJECT ADDRESS: _____

NAME OF BUSINESS: _____ ZONING DISTRICT: _____

TYPE OF WORK: NEW SIGN SIGN REPAIR/REPLACEMENT FACE REPLACEMENT OTHER: _____

OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____ CELL: _____

***** NOTICE *****

The undersigned hereby makes application to erect or repair sign(s) as specified herein, and does agree that the provisions of the sign ordinance will be complied with whether the same are specified herein or not.

PERMIT INFORMATION:

Work to begin: _____ Work to be completed: _____

Provide pictures and specify each type of sign being installed: *wall, ground, pole, or temporary.*

SIGN TYPE _____ Height: _____ Width _____ Number of Sign Faces _____ Total sq. ft. of sign per face _____
 Sign Illumination: *Interior or Exterior* Electronic Message Board: *Yes or No* Estimated Value of EMB/Off-Site Sign _____

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Total Linear feet of frontage for each street frontage: Street Name: _____ Frontage: _____ (ft.)
 Street Name: _____ Frontage: _____ (ft.)

PLOT PLAN/SITE PLAN REQUIREMENTS: A plot plan/site plan is a map of a lot that shows the size and shape of the lot including dimensions (measurements) of all of the following: (1) Location of all structures existing or proposed. (2) The shape and position of all impervious areas, such as driveways, patios, sidewalks, and paving etc. (3) The location of all signs with dimensions to property lines, indicate any streets, drives or curb areas. (4) You may also be required to show the location of structures and pole signs on the adjoining lots and the distance from those structures to your proposed project. (5) Show public roads and driveway entrances. (6) Show all buildings with dimensions and setback dimensions. (7) Show all right-of-ways and all utility easements.

PICTURES/DRAWINGS REQUIREMENTS: A Drawing or picture to scale indicating method of attachment, depth & size of sign foundation and structural members, city and county reserves the right of requiring seal on plans.

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF CHAPTER 18, BUILDINGS AND BUILDING REGULATIONS OF THE CODE OF ORDINANCES OF THE CITY OF GARDEN CITY AND OTHER APPLICABLE REGULATIONS AND LAWS THAT MAY APPLY. 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 4 HOURS NOTICE. PERMIT APPROVAL PROCESS MAY TAKE UP TO 24 HOURS.

APPLICANTS SIGNATURE: _____ DATE: _____

***** FOR OFFICE USE ONLY BELOW THIS LINE *****

<p>RECEIPT NUMBER: _____</p> <p>APPLICATION RECEIVED ON: _____</p> <p>FILED:</p> <p><input type="checkbox"/> PLOT PLAN/SITE PLAN</p> <p><input type="checkbox"/> DRAWINGS & SPECIFICATIONS</p> <p>BUILDING PERMIT FEE: _____</p> <p>MILEAGE FEE: _____</p> <p>OTHER: _____</p> <p>TOTAL PERMIT FEE: _____</p> <p><input type="checkbox"/> PERMIT FEE PAID</p> <p>PERMIT FEE RECEIVED BY: _____</p>	<p>** PLANNING **</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> <i>Historic Clearance</i></p> <p><input type="checkbox"/> <i>Site Plan Approved</i></p> <p><input type="checkbox"/> <i>Property Platted</i></p> <p><input type="checkbox"/> <i>Floodplain</i></p>	<p>** INSPECTIONS **</p> <p>APPROVED _____ DENIED _____</p> <p>_____ PLOT PLAN/SITE PLAN _____</p> <p>_____ DETAIL PLANS _____</p> <p>PERMISSION IS HEREBY GRANTED TO PERFORM THE WORK INCLUDED IN THIS APPLICATION. THIS PERMIT SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATION OF APPLICABLE LAWS, REGULATIONS, ORDINANCES, AND CODES. CONSTRUCTION MUST BE STARTED WITHIN 60 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 120 DAYS OR THIS PERMIT SHALL BE NULL AND VOID.</p> <p>BUILDING INSPECTOR: _____ DATE: _____</p> <p>PERMIT NUMBER: _____</p> <p style="text-align: right;">Rev. 07/2012</p>
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