

CITY OF CLEARWATER SIGN PERMIT

1. _____
 STREET ADDRESS LEGAL DESCRIPTION (If no address)

TAX KEY# ZONING DISTRICT

INSTALLER: _____
COMPANY NAME CONTACT NAME

ADDRESS	PHONE NUMBER	LICENSE #
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2. SIGN _____

FUNCTIONAL TYPE <small>(i.e. billboard, construction, real estate, etc.)</small>	STRUCTURAL TYPE <small>(building, ground, pole, portable)</small>	ILLUMINATED (Y/N) <small>(If yes, electrical permit req.)</small>
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / Erect Alter Repair Move	<input type="checkbox"/> / <input type="checkbox"/> On Site Off Site	Distance to nearest Offsite sign

# OF FACES	MAXIMUM GROSS SURFACE AREA	# OF POLES	HEIGHT TO TOP
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For Temporary Signs Installation Date _____ Removal Date _____

For Special Event Signs Installation Date _____ Removal Date _____

FEES

- _____ New (placed, located, erected, constructed, reconstructed, remodeled, altered, hung, affixed, created by painting)
 $\$25.00 + \6.00 per each 10 square feet of gross surface area or fraction thereof
- _____ Altered to increase size or height - $\$25.00 + \6.00 per each 10 square feet of gross surface area or fraction thereof
- _____ Face or Copy change only - \$25.00
- _____ Real Estate Sign (over 8 square feet) - $\$15.00 + \4.00 per each 10 square feet of gross surface area or fraction thereof
- _____ Temporary Sign - $\$10.00 + \1.00 per each 10 square feet of gross surface area or fraction thereof

3. THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION:

- A. Site plan showing location of proposed sign
- B. Building plans and structural details of proposed sign.

C. If applicant is not the owner, proof of agreement with owner of land for placement of the sign.

4. THE APPLICANT AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUIRED FOR REVIEW AND PROCESSING OF THE APPLICATION FOR SIGN PERMIT.

APPLICANT

Signature

Date

Forward application, fee, site plan and sign design to:

City of Clearwater
P.O. Box 453
Clearwater, KS 67026
(620) 584-2311
(620) 584-3119 (fax)

-----FOR OFFICIAL USE ONLY-----

Date received _____
Fee paid _____
Received by: _____

SIGN PERMIT APPROVED FOR A _____ SIGN _____ DATE

BY: _____
Zoning Administrator

SIGN PERMIT DENIED _____ DATE

BY: _____
Zoning Administrator

REASON FOR DENIAL: _____

This permit becomes null and void 60 days after this date unless the type of activity covered by the permit is commenced.