



TEMPORARY SIGN PERMIT APPLICATION

Shelbyville Plan Commission
44 West Washington Street
Shelbyville, IN 46176
P: 317.392.5102 F: 317.392.5110

1. Sign Owner

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

2. Property Owners Information

Name: _____

Address: _____

Phone: _____

3. Sign Information:

On or Off-Premise Sign: _____

Address of Property: _____

Type of Sign: _____

Dates of Sign Placement: _____

Size of Sign: (W x H) _____

Location of Sign on site: (must be out of Right-of-way, meet set back requirements, and not in sight visibility triangle) Drawing can be included on back if needed. _____

Message on the Sign: _____

4. Required Supplemental Information:

The following information must be provided as elements of the Sign Permit Application:

- A drawing of the sign showing its dimensions and height
- A site plan showing where the sign will be placed on the property

I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided. I am responsible for placement and removal of sign. I understand if sign becomes a violation I will take responsibilities.

Signature of Applicant: _____ Date: _____

Office Use Only

Proof of Consent of Property Owner: Yes No
 Location of Sign: Approved Denied
 Off-Premise Non-For-Profit: Yes No DNA

Approved or Denied

Reason for Denial: