

Community Development 403 W 4<sup>th</sup> St N, Suite 501 Newton, IA 50208-1926 (641) 792-6622 briand@newtongov.org

## **Sign Permit Application**

THIS PERMIT EXPIRES AFTER 6 MONTHS IF WORK NOT COMPLETED

Sign Location:	
Type of Sign(s):	Type of Work:
Examples: Wall, Freestanding	Examples: Erection/Install, Face, Paint, Replacement, Vinyl Decal Application, etc.
Permit Fee: (# of signs for each)	Illuminated: Yes ☐ No ☐
Less than 100 sq.ft.: x \$25	= No. of Signs to be Installed:
More than 100 sq.ft.: x \$50 =	No. of Existing Signs:
Double Fee:	No. of Signs to be Removed:
TOTAL:	
Required Attachments:	
	g and sign location (use attached plot plan form). ecifications showing copy, dimensions, materials, design, structural
Contractor:	License #:
Address:	Class:
City, State, Zip:	
Phone:	Email:
and regulations of the City of Newton, Iowa; I ful of any kind or character, defend any action that	nit, I hereby agree to install the sign in compliance with applicable codes rther agree to hold the City harmless from any and all claims for damages may be brought against the City, and pay all damages that may be occur through either the erection, use or maintenance of said sign.
Applicant's Signature (if e-mailing print a	authorized name) Date
F	FOR OFFICE USE ONLY  Approved
Zoning Type: Zoning District:	Permit No. S License SL Denied
Special Terms or Conditions:	
Reason Denied:	
Staff Signature	 Date



## **PLOT PLAN FORM**

Property Address:			
	IF NOT USING THIS FORM, PL	EASE ATTACH YOUR OWN.	
I certify that the above Plot Feasements, proposed and eather related permit and/or zon	xisting structures on said lot.		
Signature of Owner or Cor	tractor:		Date: