## **Building Department**

222 N Chauncey Ave.
West Lafayette, IN 47906
765-775-5130
building@westlafayette.in.gov



## **PERMANENT SIGN PERMIT**

Application #: \_\_\_\_\_

**PERMIT NUMBER:** 

SIGN LOCATION:						
ADDRESS OF CO			BUSINESS NAME			
LOT NUMBER SUBDIVISION			P.A	PARCEL NUMBER		
OWNER:						
NAME		PHONE	HONE EMAIL			
STREET		CITY		ST	ATE	ZIP
CONTACT/CONTRACTOR:						
NAM	1E	PHONE		EMAIL		
STREET		CITY		ST	ATE	ZIP
Referei	position of proposed s nce: Chapter 4, Unifie	<mark>d Zoning Ordinan</mark>	<mark>ce, Tippec</mark>			
A. Type of Sign:		E. Var	iance:			
☐ Wall Free Standing			∐ No	Yes (attach a co	py of variand	e)
Other (specify)		F. Size	of Sign:			
			_			
B. Usage:  Identification Other:			Width			
	_		••••• <u> </u>			
C. Illuminated:			Overall	height from grade: _		
Yes UL#:  No (illuminated signs require an inspection while open)		G: Total Area of Signage:				
140 (munimated signs require an ins	pection wille open)	G. To	tai Aica oi	Jigiiage		
<ul><li><b>D. Setbacks:</b></li><li>Proposed setback from property</li></ul>	line:	H. To	tal Cost of	Signage:		
roposca setsaak nom property	<u>-</u>			o.gge		
OWNER'S CERTIFICATE: I hereby certify TIPPECANOE COUNTY, INDIANA. Engineer						RDINANCE FOF
OWNER/OWNER'S AGENT (Please type or print)		SIGNATURE			DATE	
		FOR OFFICE USE ONLY				
Date Received:	Fees/Fines:		TOTAL:			
PERMIT APPROVAL:						
I LIMITI ATT NOVAL.	Authorized Signature			-	Date	
FINAL INSPECTION COMPLETED:						
THE HAST ECTION COMMETTED.	Authorized Signature				Date	
					Date	