



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:

Address of Property: _____

Dimension of Sign: (W x H) _____ X _____

Material or Type of Sign: _____

Dates of Sign Placement: _____

4. Location: Please initial next to the following statement indicating that you understand the requirements of where a temporary sign can be placed.

_____ Temporary signs must be placed on premise and within the property lines. Signs cannot be placed in a public right-of-way. Sign also should not be placed in vision clearance triangle or near any intersection of streets and driveways in such a manner as to obstruct free and clear vision. If you would like to make sure the location is appropriate please either describe location below or include site plan indicating the location of signs.

Persons/Company in Charge of placing sign (REQUIRED): _____

Phone #: _____

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 the sign becomes a violation I will take responsibility for it.

Signature of Applicant: _____ Date: _____

Office Use Only

Approved or Denied By: _____ Permit #: _____ Fee: _____

Reason for Denial: