



## TEMPORARY SIGN PERMIT APPLICATION

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

### 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 statements 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.

\_\_\_\_\_ Temporary signs are allowed to be on premise for 14 days with 1 week between placement up to a maximum of 12 times per year. Please provide the dates the sign will be on premise:

Start \_\_\_\_\_ End \_\_\_\_\_

**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: