

SIGN PERMIT APPLICATION

City of Oskaloosa

Job Address: _____ Date: _____

Owner: _____ Contractor: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Expected Installation Date: _____

TYPE OF SIGN:

Billboard _____	Monument _____	Lighted _____
Canopy _____	Pennant _____	Other _____
Combination _____	Wall _____	
Freestanding _____	Roof _____	
Marquee _____	Temporary _____	

Is Sign a: New Sign _____ Replacement Sign _____

Total Square Area of Sign: Length _____ Width _____ Sq. Ft. _____

Wall Surface Area to Which Sign is Affixed: Length _____ Height _____ Sq. Ft. _____

Lineal Feet of Street Frontage: Feet _____

Number of Existing Freestanding Signs on Site: _____

Total Area of Existing Freestanding Signs on Site: _____

A picture or illustration of proposed sign is required, showing all dimensions.

If applicable, please provide design wind load data.

SIGN MATERIAL:

Face: _____ Clearance Above Sidewalk: _____

Frame: _____ Projection from Building: _____

Supports: _____ Zoning District: _____

Site Plan



Valuation of Sign: \$ _____

Permit Fee: \$ _____

Return Application to:
 City of Oskaloosa/Building Dept.
 804 South D Street
 Oskaloosa, IA 52577
 Phone: 641-673-7472
 Fax: 641-673-3733

Show location of sign plus any and all other signs, lot lines, buildings, streets, etc. Include dimensions. Use back if necessary.

Approved By: _____

Signature of Applicant

Date: _____

Date: _____

Permit No.: _____