



BS+A
Address is
209 High Ave E

n for Certificate of Appropriateness
Historic Preservation Commission
Oskaloosa, Iowa

| | |
|---|---|
| For Office Use Only - Application Fee \$50 | |
| Meeting Date: <u>1-27-20</u> | |
| Forward to Main Street Design? <input type="radio"/> Yes <input checked="" type="radio"/> No | City Staff: <u>[Signature]</u> |
| Additional Permit needed? <input checked="" type="radio"/> Yes <input type="radio"/> No | Date Received: <u>1/27/20</u> |
| Property information to be filled out by applicant: | |
| Address: <u>207 High Ave East</u> | |
| Scope of Work (Attach all other documents with this application) | |
| <u>New Sign 3' x 6'</u> | |
| Applicant | |
| Name: <u>Bob Witt</u> | |
| Address: <u>123 E Second St. Ottumwa Ia</u> | |
| Phone: <u>641-684-6528</u> | |
| E-mail: <u>bob@baileyoffice.com</u> | |
| Owner | |
| Name: <u>Tummy McMannis</u> | |
| Address: <u>203 High Ave F</u> | |
| Phone: _____ | |
| E-mail: _____ | |
| Architect or Contractor Information | |
| Company: <u>Champion Signs</u> | |
| Address: <u>1203 S. 7th St</u> | |
| Phone: <u>641-673-8387</u> | |
| E-Mail: _____ | |
| Check list for needed items before submittal: | Required Signatures |
| <ul style="list-style-type: none"> <input type="checkbox"/> Completed application form <input type="checkbox"/> Site plan/roof plan (drawn to scale) <input type="checkbox"/> Proposed building elevation (drawn to scale) <input type="checkbox"/> Photographs of building (existing and historic) <input type="checkbox"/> Product literature and specifications <input type="checkbox"/> Materials and color samples (must provide 10 paint samples) | Owner: _____ Date: <u>1-27-20</u> Applicant: <u>[Signature]</u> Date: <u>1/27/20</u> Contractor: _____ Date: _____ |



City of Oskaloosa, Iowa

Public Works Department

Oskaloosa, IA 52577

Phone: (641)673-7472 Fax: (641)673-3733

SIGN PERMIT APPLICATION

PLEASE NOTE: Attachments required along with submittal of this application include the following:

- A site plan showing all existing signs, lot lines, buildings, streets, etc. All dimensions are to be drawn to scale.
- A picture or illustration of the proposed sign design showing specifications, dimensions, colors, and materials.
- Wind load data, if applicable

Sign Information

Site Address: 207 High Ave East Permit No. _____

Linear Feet of Street Frontage: _____ feet **If More Than One Street Frontage Exists:**
 Longest Street Frontage: 18 feet
 One Half the Length of All Additional Street Frontages: _____ feet

Total Area of All Existing Signs: _____ square feet (Excluding incidental signs, building marker signs, and flags)

Current Site Zoning: _____

New Sign/Replacement Sign(\$35.00) Temporary Sign (\$15.00) Sign Valuation: \$ _____ Permit Fee:\$ _____

SIGN SIZE: Length: 6 feet / Height: 3 feet / Area: _____ square feet **Date Fee Paid:** _____

| | | | |
|-------------------|--|---|---|
| SIGN TYPE: | <u>Attached Signs:</u> | <u>Detached Signs:</u> | <u>Miscellaneous:</u> |
| | Total Façade Area: _____ square feet | Sidewalk Clearance: _____ feet | <input type="checkbox"/> Flag |
| | Projection from Building: _____ feet | <input type="checkbox"/> Residential | <input type="checkbox"/> Portable |
| | <input type="checkbox"/> Awning | <input checked="" type="checkbox"/> Wall | <input type="checkbox"/> Premise Identification |
| | <input type="checkbox"/> Building Marker | <input type="checkbox"/> Window | <input type="checkbox"/> Incidental |
| | <input type="checkbox"/> Banner | <input type="checkbox"/> Roof, Above Peak | <input type="checkbox"/> Ground |
| | <input type="checkbox"/> Canopy | <input type="checkbox"/> Projecting | <input type="checkbox"/> Pole |
| | <input type="checkbox"/> Marquee | <input type="checkbox"/> Roof, Integral | |
| | <input type="checkbox"/> Incidental | | |

| | | | |
|-------------------------|------------------------------------|---|-------------------------|
| DESIGN ELEMENTS: | <u>Illumination:</u> | <u>Other:</u> | <u>Materials:</u> |
| | <input type="checkbox"/> Indirect | <input type="checkbox"/> Electronic Information | Face: <u>Flat Alum.</u> |
| | <input type="checkbox"/> Direct | <input type="checkbox"/> Moving | Frame: _____ |
| | <input type="checkbox"/> Internal | <input type="checkbox"/> Neon | Supports: _____ |
| | <input type="checkbox"/> Flashing | <input type="checkbox"/> Flame | |
| | <input type="checkbox"/> Rotating | | |
| | <input type="checkbox"/> Bare Bulb | | |

Contact Information

Applicant/Owner: Bd Witt Barley Office Outfitters LLC
 Name: _____ Phone: 641-660-3360
207 High Ave E Address: _____ Email: _____
 Address: _____

Contractor: Champion Signs 641-673-8387
 Name: _____ Phone: _____
1203 S. 7th St. Address: _____ Email: _____
 Address: _____

Applicant/Owner Signature: Bd Witt Date: 1/27/20