



Shawnee County Planning Department

1515 NW Saline Street • Suite 102 • Topeka, KS 66618
(785) 291-5410 • (785) 291-4939 Fax



SP#

SIGN PERMIT APPLICATION

APPLICATION DOES NOT CONSTITUTE A SIGN PERMIT

For Administrative Use Only				
Permit No.:	Permit Type: SGN	Zoning:	Floodplain: <input type="checkbox"/> Y <input type="checkbox"/> N	
Date Filed:	Fee Amount:	Pit:	Check #:	Historic Site: <input type="checkbox"/> Y <input type="checkbox"/> N

COMPLETE THE FOLLOWING INFORMATION AND PROVIDE SITE PLAN

APPLICANT INFORMATION:		
Property Owner Name:	Phone:	
Address:	City/State:	Zip Code:
Installer Name:	Phone:	
Address:	City/State:	Zip Code:
Sign Owner Name:		
Address:	City/State:	Zip Code:
TYPE & COST OF SIGN PERMIT REQUESTED: (CHECK APPROPRIATE REQUEST)		
<input type="checkbox"/> New <input type="checkbox"/> Replacement	Completed Value: \$ _____	
<input type="checkbox"/> On Premise <input type="checkbox"/> Off Premise		
Type of Sign _____		
PERMIT INFORMATION		
Property Address:	City:	Zip:
Subdivision:	Lot:	Block:
Dimensions:	Square Footage:	Height:
Illuminated? <input type="checkbox"/> If Yes, type of illumination?	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior
Dimensional Sign Illustration:		

The fee is non-refundable and/or transferable. Please make check payable to Shawnee County Treasurer.

I (We) the undersigned property owner(s) of record hereby authorize the filing of this application and declare that all required materials are submitted along with this application and that the information and materials submitted are complete and accurate. I (We) hereby acknowledge that this permit will be processed in sequence with respect to other submittals.

Signature of Owner or Installer: _____ Date: _____
(Circle One)

COMPLETED BY PUBLIC WORKS

Engineering: _____ Reviewed by: _____ Date: _____