City of Lawrenceburg

Code Enforcement Office

100 North Main Street

Lawrenceburg, Kentucky 40342

Telephone: (502) 839-5372 FAX: (502) 839-

[www.lawrenceburgky.org](http://www.lawrenceburgky.org)

APPLICATION FOR PERMIT TO INSTALL PERMANENT SIGNAGE

**1. Physical Address of property where sign is to be located :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Applicant Information:**

• Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• City of Lawrenceburg Business License  Yes ~ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No

***(A City Business License is required for Applicant prior to installation of sign)***

**3. Sign Contractor Information:**

• Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• City of Lawrenceburg Business License  Yes ~ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No

***(A City Business License is required for Contractor prior to installation of sign)***

**4. Site/Building Information**

• Linear footage of lot (along street):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Width of bldg. facade(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Width of tenant space to which sign(s) will be attached\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Floor area of building (1st floor only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg. height: \_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Sign Specifications**

• Sign Type: Pole/Pylon Building Fascia Ground/Monument

Directional Special Purpose Projecting  Temporary

• # of Existing Signs \_\_\_\_\_\_Dimensions of each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• # of Proposed Signs \_\_\_\_\_\_\_ Dimensions of each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Total Existing Square Footage of signs:\_\_\_\_\_\_\_\_\_\_\_\_(not required for PC,PR,or PM)

• Total Proposed Square Footage of signs:\_\_\_\_\_\_\_\_\_\_\_\_\_

• Clearance below proposed sign:\_\_\_\_\_\_\_\_\_ Height of proposed sign\_\_\_\_\_\_\_\_

• Are any of the existing signs non-conforming?  Yes  No  not known

**SIGN PERMIT REQUIRED ATTACHMENTS**

**The following information must be provided along with this application:**

 A sketch of proposed sign showing sign message and dimensions;

 A Sketch showing sign placement on building façade

 A sketch of site showing sign location on property, with setback distances from property lines indicated.

**FOR OFFICIAL USE ONLY**

Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Fee:\_\_\_\_\_\_\_\_\_\_\_\_ Zone District:\_\_\_\_\_\_\_\_\_

Setback Requirements: Front\_\_\_\_\_\_\_ Side\_\_\_\_\_\_\_\_ Rear\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planner Review: Approved  Denied Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date:\_\_\_\_\_\_\_\_\_\_

Building Inspector Review (if applicable): Approved  Denied initials\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_

Electrical Inspector Review – Final: Approved  Denied initials\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_