

CITY OF MADISONVILLE SIGN PERMIT APPLICATION OFFICE OF ZONING ADMINISTRATOR

Application No		Date	
Applicant's Name	Phone #	Cell #	
Address	City	State Zip	
Applicant's Email Address			
Business Owner's Name	Phone #	Cell #	
Address	City	State Zip	
Contractor	Phone #	Cell #	
Address	City	State Zip)
Contractor's Business Lic (M'ville) Acct. #	Email		
Work Comp. & Liab Ins. Carrier (A certificate of insurance must be provided)		Exp Date	
Address of Proposed Sign			
Name of Business			
List Size and Type of Proposed Sign(s)			
List Size and Type of Existing Sign(s)			
Building Wall Size(s)			

Attach a drawing of all signs showing type, size, height, clearance to the ground and projected distance. Also include a site plan showing location of all sign(s), both existing and proposed on the property, including accurate measurements from the property lines to all free-standing signs. In addition, if applying for a wall sign, include the dimensions of the wall of the building to which the sign shall be attached.

I agree, that as the business owner or their authorized agent, the information herein is true and correct to the best of my knowledge. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any alteration or change in plans made, without the Zoning Administrator's approval after issuance of the Sign Permit, shall constitute sufficient grounds for the revocation of such permit.

Date		Applicant's Signature					
FOR OFFICIAL USE ONLY							
Permit Fee	_ Date Paid	Date Issued	Zoning	PVA #			
Conditions/Comments	(if any)						
Permit Fees Per Each S	ign:						
32 sq.ft. & less \$25				RETURN APPLICATION TO:			
33 to 50 sq.ft. \$50				67 North Main Street Madisonville, KY 42431			
Over 50 sq.ft. \$100	1			Phone (270) 824-2108			
(Make checks payable t	o: City of Madisonville)		Email: mtodd@madisonvillegov.com			