



City of Oskaloosa, Iowa

Development Services Department

220 South Market Street, 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: _____ Permit No. _____

Linear Feet of Street Frontage: _____ feet

If More Than One Street Frontage Exists:

Longest Street Frontage: _____ 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(\$35) Temp Sign(\$15) Sign Valuation: \$ _____ Permit Fee: \$ _____
(Based on Sign Valuation)

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

SIGN TYPE:	<u>Attached Signs:</u> Total Façade Area: _____ square feet Projection from Building: _____ feet <input type="checkbox"/> Awning <input type="checkbox"/> Building Marker <input type="checkbox"/> Wall <input type="checkbox"/> Banner <input type="checkbox"/> Premise Identification <input type="checkbox"/> Window <input type="checkbox"/> Canopy <input type="checkbox"/> Roof, Above Peak <input type="checkbox"/> Projecting <input type="checkbox"/> Ground <input type="checkbox"/> Marquee <input type="checkbox"/> Roof, Integral <input type="checkbox"/> Incidental <input type="checkbox"/> Pole	<u>Detached Signs:</u> Sidewalk Clearance: _____ feet <input type="checkbox"/> Residential <input type="checkbox"/> Premise Identification <input type="checkbox"/> Incidental <input type="checkbox"/> Ground <input type="checkbox"/> Pole	<u>Miscellaneous:</u> <input type="checkbox"/> Flag <input type="checkbox"/> Portable
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DESIGN ELEMENTS:	<u>Illumination:</u> <input type="checkbox"/> Indirect <input type="checkbox"/> Direct <input type="checkbox"/> Internal <input type="checkbox"/> Neon <input type="checkbox"/> Flashing <input type="checkbox"/> Flame <input type="checkbox"/> Bare Bulb	<u>Other:</u> <input type="checkbox"/> Electronic Information <input type="checkbox"/> Moving <input type="checkbox"/> Rotating	<u>Materials:</u> Face: _____ Frame: _____ Supports: _____
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Contact Information

Applicant/Owner: _____
Name Phone

Address Email

Contractor: _____
Name Phone

Address Email

Applicant/Owner Signature: _____ Date: _____