



SIGN

IMPROVEMENT LOCATION PERMIT

Department of Planning and Economic Development | 815 Lincoln Highway East | New Haven, IN 46774

Permit Number:
Z-2020-_____

Applicant Information	
Name:	
Street:	
City:	
State:	Zip:
Phone:	Fax:
E-mail:	
Property Owner Information	
Name:	
Street:	
City:	
State:	Zip:
Phone:	Fax:
E-mail:	
Certification and Notice of Intent to Comply	
<p>I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that construction will comply with, and conform to all applicable laws of the State of Indiana. I further certify that the construction will conform with Title XV: Land Usage Codes of the City of New Haven and that there shall be no occupancy and/or use of the project until a Certificate of Compliance is issued by the Zoning Administrator.</p>	
<p>_____</p> <p>Authorized Agent (printed)</p>	
<p>_____</p> <p>Authorized Agent (signature)</p>	
<p>_____</p> <p>Date:</p>	

Permit Type						
Please Select a Permit Category						
\$75	<input type="checkbox"/> Sign (single)					
\$75 + \$25(x)	<input type="checkbox"/> Signs Multiple (each additional \$25)					
\$25	<input type="checkbox"/> Temporary					
Project Information						
<input type="checkbox"/> Commercial		<input type="checkbox"/> Multi-Family		<input type="checkbox"/> Subdivision		
<input type="checkbox"/> Industrial		<input type="checkbox"/> Institutional		<input type="checkbox"/> Other		
Address:						
Business Name:						
Est. Construction Cost:						
Est. Completion Date:						
Please Select a Sign Type for <u>Each</u> Sign						
	Wall	Monument	Pole	Temporary	Height (if applicable)	Square Footage
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:						

Office Use Only				
Zoning:	Township:	FIRM:	Flood Zone: <input type="checkbox"/> X <input type="checkbox"/> AE	Receipt:
Comments:				
Approved by:		Date:		
		Expires:		