

SIGN PERMIT APPLICATION
CITY OF MERRIAM, KANSAS
 COMMUNITY DEVELOPMENT DEPARTMENT
 PH. (913) 322-5520 FAX (913) 322-5505

TO BE COMPLETED BY THE APPLICANT:

PROJECT ADDRESS: _____

NAME OF BUSINESS: _____

PROPERTY OWNER: NAME: _____ PHONE: _____

ADDRESS: _____

SIGN CONTRACTOR: NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TYPE OF SIGN(S): (Check All That Apply)

Wall Sign

Ground Sign

Projecting Sign

Temporary Sign

DESCRIPTION OF EACH SIGN:

Sign Height: _____	Sign Width: _____	Wall Height: _____	Wall Width: _____	Yes	No	Illuminated Sign?
_____	_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	_____	Yes No

Describe Each Sign. Include the size and colors for all text and graphics, and the color(s) for the background.

Attach Drawings and/or Plans Which Illustrate All Signs and Their Location on the Building or Property

Describe All Existing Signs on the Property for the Same Business Which Will Remain. Include location and size for each such sign:

Valuation of the Sign(s) Included in This Permit: \$ _____

Signature of Owner or Authorized Agent

Date

Print: _____

FOR OFFICE USE:

Zoning Classification:

Permit Fee: \$

Permit Number:

Issued by:

Date: