

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: _____

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: _____