

CITY OF MAIZE - OFFICE OF CENTRAL INSPECTION

10100 Grady Avenue Maize KS 67101

APPLICATION FOR PERMANENT SIGN PERMIT

Tel: (316) 722-7561 / FAX: (316) 722-0346

STREET ADDRESS BLDG / SUITE ZIP CODE SECONDARY ADDRESS (and/or LEGAL)

CONTRACTOR LICENSE # PHONE # FAX # SALESPERSON

Business Name _____ On Site ___ Off Site ___ BZA/CUP/PUD/CU# _____

Non Conforming: Yes ___ No ___ Adjustment or Variance : Yes ___ No ___ Zoning _____
(include copy of variance, adjustment, etc.)

TYPES OF SIGN: 1.NEW 2.COPY 3.Ground 4.Pole 5.Projecting 6.Wall 7.Real Estate 8.Project Title 9.Off Site

TYPES	HEIGHT (in feet)	WIDTH (in feet)	Number of FACES	Total AREA	MATERIAL	NOTATIONS/PERMIT#

Calculation of Fees: Area _____ sq. ft. / 10= _____ x \$10 per sq. ft.= _____ + _____ = _____
\$50.00 BASE (per sign)

Total number of signs: _____ Total height of each ground or pole sign: _____ Tenant type: multi _____ single _____
 (If giving up rights to additional signs to get extra height, please note here: 1 sign = 5' 2 signs = 10' _____)

- 1. Total wall elevation square footage for sign #1 _____ Height of wall sign _____ Location of Sign: *North, South, East, West, N/E, N/W, S/E, S/W*
- Total wall elevation square footage for sign #2 _____ Height of wall sign _____ Location of Sign: *North, South, East, West, N/E, N/W, S/E, S/W*
- Total wall elevation square footage for sign #3 _____ Height of wall sign _____ Location of Sign: *North, South, East, West, N/E, N/W, S/E, S/W*
- Total wall elevation square footage for sign #4 _____ Height of wall sign _____ Location of Sign: *North, South, East, West, N/E, N/W, S/E, S/W*
- Total wall elevation square footage for sign #5 _____ Height of wall sign _____ Location of Sign: *North, South, East, West, N/E, N/W, S/E, S/W*

- 2. Is surfaced parking area required between building(s) Yes ___ No ___
- 3. Total linear feet of frontage for pole sign _____
- 4. If corner sign, linear feet of 2nd street frontage used for calculation _____
- 5. Separation required by code for pole signs: 150' _____ 75' _____

OFF SITE SIGN INFORMATION

- 6. Direction of travel for signs faces: (North, South, East, West, N/E, N/W, S/E, S/W)
- 7. If off site sign; give linear feet of commercial zoning for mile _____
- 8. Distance from nearest adjacent Off Site sign _____
- 9. Number of other existing off site signs in mile for consideration _____

OFFICE USE ONLY

Faxed _____ Mailed _____ Handcarried _____ Date Received _____ Date Faxed Back _____

Application approved _____ By: _____ Date _____
 Application disapproved _____ Reason: _____

FAILURE TO SHOW ALL REQUIRED MEASUREMENTS AND INFORMATION SHALL BE CAUSE TO REJECT THIS PERMIT APPLICATION

Please number the signs to match information on front

							↑N

Sign Design (dimensions, height from ground to lower edge of sign)

Scale:

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work **will be complied with whether specified herein or not.** The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.

Signature _____

Date _____

OFFICE USE ONLY

Final inspection by _____

Date _____