

Town of French Lick
PLANNING DEPARTMENT

7949 W Hunters Run Drive
French Lick IN 47432
812.936.4737

SIGN PERMIT APPLICATION
Fee \$25.00

LOCATION OF SIGN:

Address _____

Lot No. _____ Zoning District _____

Property Frontage _____ ft. Sign Setback _____ ft. Number of Faces _____

DESCRIPTION OF SIGN (INCLUDING MESSAGE):

Wall Sign Ground Sign Hanging Sign Window Sign Illuminated

Length _____ Width _____ Height _____ Total Area _____

Temporary Sign: Placement Date: _____ Removal Date: _____

CONSTRUCTION COST: \$ _____

APPLICANT INFORMATION / AFFIDAVIT:

Application is hereby made for a permit to perform work as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the Town of French Lick.

Name _____

Address _____

Phone Number _____

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY

Application approved **Check#** _____ **Cash** _____

Application denied **Date Submitted** _____ **Disposition Date** _____

Approved By: _____ **Date** _____

* This application expires 90 days from the date of approval