

**CITY OF HAMMOND
SIGN PERMIT APPLICATION**

FILING DATE: ___ \ ___ \ ___ **PERMIT#** _____

APPLICANT NAME: _____ Owner Other
First Name MI Last Name Contractor

APPLICANT ADDRESS: _____
Street #/Street Name City State Zip

APPLICANT PHONE: (_____) _____ **FAX:** (_____) _____

BUSINESS NAME where sign will be placed: _____

PARCEL # _____

Location where sign will be placed _____
Street Name/Street Number

PROPERTY OWNER: _____
First Name MI Last Name

COMPANY NAME: _____

Mailing Address: _____
Street Name/Street Number/PO Box City State Zip

Telephone: (_____) _____ **Fax:** (_____) _____

PERMIT INFORMATION **PERMIT FEES: Permanent \$ 50.00**
Temporary \$ 25.00

Describe exact location of sign: _____
(Attach Drawing)

of EXISTING signs at above location: _____ # to be removed: _____

of NEW signs applied for: _____

Type of Sign: On-Premise-Primary Temporary (see limits) Campaign Deposit: \$250
Directory Mobile Other: _____

Setback from public right-of-way: _____ feet Maximum height: _____ feet

Materials Used: _____ Zoning: _____

Type of Mounting: _____

Type of Lighting (if applicable): _____

Sign Contractor's Name & License #: _____

Electrical Contractor's Name & License #: _____

Total Cost: _____ Material Cost: _____

I certify that the above information is true and correct. I agree to abide by all City of Hammond ordinances, rules, and regulations governing the placement and use of sign(s).

X _____ _____
APPLICANT SIGNATURE **DATE**

=====**FOR OFFICE USE ONLY**=====

Amount Paid:\$ _____ Check # _____ Paid Cash Date Paid ___/___/___

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APPROVAL:

BUILDING OFFICIAL
or **BUILDING INSPECTOR**
or **CODE ENFORCEMENT OFFICER**

DATE