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: (_____)_____

Email:_____

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: (_____)_____

    Email:_____

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