



INCORPORATED FEBRUARY 4, 1893

CITY OF ALEXANDRIA Sign Permit

125 N. Wayne St. ~ Alexandria ~ Indiana ~ 46001
765-724-4633 Ph. ~ 765-724-7373 Fax

- * This entire application must be completed in its entirety and must be legible (please print).
- * All required documentation must be attached to this application.
- * Permit expires 12 Month from Date of Signature of Building Official – penalties will apply.

Owner's Information:

Name: _____ Phone #: _____
(Please Print)

Address: _____ Work #: _____
(City, State and Zip)

Property Information: (Attach additional page if necessary)

Property Address: _____
(City, State and Zip)

Legal Description: _____ Lot No.: _____
(Subdivision Name)

Property Dimensions: _____ Tax ID: _____
(Acres or Lot Size)

Parcel Number: _____ *Tax ID or Parcel No. can be retrieved from the Madison County Auditor's Office (641-9401)*

Contractor Information:

Name: _____ Phone #: _____

Address: _____ Fax #: _____
(City, State and Zip)

Cell #: _____

Construction Information: (Attach Drawings of New Construction)

Sign Description: _____

Approximate Cost: \$ _____ Square Ft./Dimensions: _____

Exterior Finish Type (Brick, Painted Wood, Vinyl, etc.): _____

Height: _____ Foundation Type: Footer Slab Post Electric: Yes No

Where will the sign be placed (location of building, location on property): _____

Utility Information:

If you must dig a footer or foundation for the sign you must call for utility locates at least 24 hours before you begin construction. Our Utility Office number is 765-724-4720. The State requires you to call Indiana Underground Plant Protection Services (Holey Moley) at (800) 382-5544.

Required Documentation:

Please state YES or NO if you have included the information below:

Site Plan: Yes No

Must include property lines with dimensions to all existing and proposed building, and dimensions of the improvement.

Signature(s): Signature of Land Owner or Contractor: _____ Date: ____ / ____ / ____

Sign Name(s) Here

Print Name(s) Here

For Office Use Only:

Permit #: _____ Fees: _____ Date: ____ / ____ / ____

Receipt #: _____ Check #: _____ Zoning: _____

Set Backs: Front: _____ Rear: _____ Side(s): _____

Special Conditions/Variances: _____

Inspection Dates: Footer: _____ Foundation: _____ Rough-In: _____

Final: _____ Certificate of Occupancy: _____ Violations: _____

Signature of Building Official: _____ Date: ____ / ____ / ____