

PERMIT NO. _____

DATE: _____

City of Brandenburg
P.O. Box 305, 737 High Street
Brandenburg, KY 40108
Phone: 270-422-4981 Fax: 270-422-4983

Sign Permit Application

Applicant: _____

Address: _____

Name and address of property owner if different from applicant:

Location/address of site on which advertising structure to be erected:

Is structure (sign) an "on premise" device? Yes No

Description (include material of construction):

Sketch (Include dimension and type, in accordance to Ord.: _____)

Scaled sketch may be drawn on reverse side or scaled sketch may be attached to application.

Is proposed device in compliance with Ordinance? Yes No

Is the device permanent or temporary? _____

Is the device replacing an existing structure(sign)? Yes No

Signature of Applicant: _____

Contact Phone: _____

FOR OFFICE USE ONLY

Permit Issued: _____ Permit Denied: _____

Fee: \$ _____ Date Paid : _____ Reason: _____

Signed: _____ Signed: _____