



Permit #: _____
 Receipt #: _____
 Fee: \$ _____

**CITY OF NEW HAMPTON, IOWA
 SIGN PERMIT APPLICATION AND APPROVAL**

Applicant Information:

Name of Applicant:
Applicant's Address:
Applicant's Telephone Number:
Applicant's Email Address:

Property Information:

General Address of Property in Question (parcel number, street address or road address):
Legal Description of Property in Question (Attach, if necessary):

Request Information:

Existing Use of Property:	
Zoning Classification or District (Principal Permitted Uses Only):	
Contractor Name:	
Contractor Phone Number:	Email:
Valuation of Intended Sign Improvements: \$ _____	
Type of Sign:	_____ Freestanding/Pole/Monument _____ Wall Mounted _____ Dynamic/Electronic Reader _____ Projecting _____ Other _____ Temporary. How long? _____
Location of Freestanding Sign:	
Distance from front property line _____ ft. Distance from side property line _____ ft. and _____ ft.	
Dimensions of Sign: Type _____ Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External	
Length _____ Width _____ Size (sq. ft.) of Sign: _____ sq. ft. Height _____	
Additional Sign: Type _____ Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External	
Length _____ Width _____ Size (sq. ft.) of Sign: _____ sq. ft. Height _____	
Additional Sign: Type _____ Illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal <input type="checkbox"/> External	
Length _____ Width _____ Size (sq. ft.) of Sign: _____ sq. ft. Height _____	

***** Attach a site plan or plot plan that contains lot dimensions, and size, shape and location of signs to be erected or affected.**

Acknowledgement and Certification of the Applicant and/or Owner:

I/We understand this application, and that it with required attachments, constitutes our complete sign permit application for the proposed use or improvement stipulated above. I/We certify that the information we have provided to the Zoning Administrator is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall cause: this application to become null and void and any approval granted herein to be revoked.

I/We understand the nonrefundable fee for having this application considered is \$____. Under no circumstances shall all, or part, of this fee be refunded to applicant.

Applicant Signature

Owner Signature, if not the applicant

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for zoning compliance on behalf of the City of New Hampton, Iowa.

Signature of Zoning Administrator

Date: _____