



# City of Windsor Heights

www.windsorheights.org

## SIGN PERMIT

PERMIT NO. \_\_\_\_\_

Send to Safe Building Iowa at office@safebuildingiowa.org or call 515-333-4161

**WINDSOR HEIGHTS**  
the heart of it all

SIGN:     Temporary    Wall    Monument    Business Identification

**ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS**

Date of Application: \_\_\_\_\_

Received by: \_\_\_\_\_

Review Date: \_\_\_\_\_

### SIGN LOCATION

Business Name: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Name of Contact/Owner: \_\_\_\_\_

Building Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

### SITE LOCATED IN FLOODWAY OR FLOODWAY FRINGE?

Yes    No   If yes, a Floodplain Development Application Permit is required.

### SIGN CONTRACTOR

Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No. : \_\_\_\_\_

Email: \_\_\_\_\_

### ADDITIONAL ACKNOWLEDGMENTS:

- Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.
- This permit shall expire if work has not commenced or has been abandoned for 120 days. A new permit will be required at a fee of 1/2 the original permit fee.
- **ALL WORK MUST BE INSPECTED.** It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector.
- The permittee acknowledges they are proficient in the performance of the work covered by the permit.
- Any questions as to code requirements or practices shall be resolved prior to initiation of the project.

### VALUATION

SIGN SQUARE FOOTAGE/  
HEIGHT

ONE-SIDE

TWO-SIDE

**SETBACK FROM RIGHT-OF-WAY/PROPERTY LINE(S):**

### EXISTING SIGNAGE

Is there existing signage for this owned/leased space?  Yes  No

Square footage of existing signage \_\_\_\_\_

PERMIT FEES	No.	Fee
Basic Fee \$50.00 + \$1.00 per square foot		
Temporary Sign: \$15.00 + \$1.00 per square foot		
<b>TOTAL</b>		\$

I hereby acknowledge that I have read this application and state that the above address is correct. I agree to comply with all city ordinances and state laws regulating building construction. I further agree and understand that the City of Windsor Heights has not, by issuance of this permit, reviewed, nor does it make any representation concerning, any covenants or any restrictions where there by be covenants or other restrictions prohibiting the proposed.

SIGNATURE OF OWNER OR AUTHORIZED AGENT FOR OWNER

X \_\_\_\_\_

To schedule an inspection, please call 515-645-6826. A 24 hour notice is appreciated. **All sign permit materials must be submitted before reviewed.**

Payment Received   Date: \_\_\_\_\_   Amount: \$ \_\_\_\_\_

**WHEN APPROVED BELOW THIS BECOMES YOUR PERMIT**

ISSUED BY: \_\_\_\_\_   DATE: \_\_\_\_\_

ZONING ADMINISTRATOR