City of Windsor Heights

www.windsorheights.org

SIGN PERMIT

PERMIT NO._____

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324 • 515-279-3662 • Fax 515-279-3664

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:

VALUATION	
SIGN SQUARE FOOTAGE/ HEIGHT	
☐ **ONE-SIDE**	☐ **TWO-SIDE**

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

_____

EXISITING SIGNAGE

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

Square footage of existing signage _____

PERMIT FEES	No.	Fee
Basic Fee $15.00 + $1.00 per square foot		
Temporary Sign: same as above; maximum $50.00		
TOTAL		$

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_____ _____

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 permitee to call for inspections. No work shall be concealed or covered until approved by the inspector.**
- **The permitee 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.**

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