

BUILDING INSPECTION DEPARTMENT
CITY OF GRAND ISLAND, NE
PHONE (308) 385-5325 FAX (308) 385-5423

APPLICATION FOR SIGN INSTALLATION PERMIT

DATE: _____

The undersigned hereby requests permission to install the following described sign:

LOCATION OF SIGN (Address) _____

TYPE OF SIGN _____ DRAWING ATTACHED _____

MATERIAL _____

SIZE _____ CLEARANCE OF SIGN _____

HEIGHT OVERALL _____

IDENTIFICATION OF SIGN (What will the sign say) _____

Will Sign Project Over Public Right-of-way or Dedicated Easement? _____ LAND ZONE _____

Will Support(s) For Sign Be Located Upon Public Right-Of-Way or Dedicated Easement? _____

WILL THE SIGN BE ILLUMINATED? YES NO - TYPE: LED NEON OTHER _____

LOCATION OF SERVICE SWITCH _____

*** INSTALLER MUST CALL WHEN READY FOR INSPECTIONS ***

OWNER OF SIGN _____ ADDRESS _____

PHONE # _____

INSTALLER _____ PHONE # _____

ELECTRICIAN _____ PHONE# _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this installation will be complied with whether herein specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating the construction, installation or maintenance of any sign.

Installer is responsible to arrange for inspections. All inspections are required to be made within 5 days of sign being installed.

ESTIMATED JOB COST \$ _____ **Signed** _____

Signature of authorized agent

Special Conditions: _____

Building Department

PERMIT FEE: _____