SIGN PERMIT

(Expires in 6 Months from Date of Issuance)

15 N 6th St * P.O. Box 185 * Clear Lake, IA 50428 * 641-357-5267 (P) * 641-357-8711 (F) * www.cityofclearlake.com

FEE: $25.00 DATE: _____

Type of Sign
___ Ground sign
___ Wall sign
___ Roof sign
___ Canopy sign
___ Other (specify)

Illuminated
___ Neon
___ Fluorescent
___ Reflectors
___ Non-Illuminated

_____

_____

Applicant Name: _____ Telephone: _____

Home Address: _____

Owner of Property: _____

Location of Property: _____

Owner of Sign: _____

Contractor Erecting Sign: _____ License No.: _____

Zoning District: _____

Is building frame or masonry: _____ Number of stories: _____

Type of sign: Pole: _____ Monument: _____ Other: _____

If yes, where in relationship to building: _____

How many signs are now attached to the building or pole: _____ Flat: _____ Projected: _____

Length of sign (maximum): _____ Height of sign (maximum): _____

Exact area in sq. ft.: _____ Weight of sign: _____

Lower edge of sign will be _____ feet above ground. Top will be _____ feet above ground.

Inner edge will be _____ feet from building or pole. Outer edge will be _____ feet from building or pole.

Sign will be secured by: _____ Welded: _____ Guys or strand cables: _____

Sign will be secured by how many guys: _____ Top lift: _____ Side guys: _____

Size of strand cable to be _____

How will strand cable be secured to building: _____ Size: _____

Of what material is face of sign constructed: _____

Of what material is frame of sign constructed: _____

Attach 2 copies of the blueprints or ink drawings of plans and specifications, copy of stress sheets and calculations, and application for an electrical permit if the sign is illuminated to this Application.

THIS IS YOUR PERMIT WHEN SIGNED BY THE BUILDING OFFICIAL.

Building Official: _____ Date: _____

Make Check Payable To: City of Clear Lake

Return Application To: City Clerk's Office
15 N. 6th Street
Clear Lake, Iowa 50428
(641) 357-5267

OFFICE USE ONLY

Fee Paid: ____ Blueprints: ____ Stress Sheets _____ Electrical Application ____