

TOWN OF HIGHLAND
SIGN PERMIT APPLICATION
Phone 219-972-7595 FAX 219-972-5097

Date: ___/___/___

Permit # _____

Contractor: _____ Address: _____

City: _____ State/Zip: _____ Phone: _____

Property Owner: _____ Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____

PROJECT ADDRESS: _____ **ZONING** _____ **CONTRACT COST:** _____

FREE STANDING SIGNS

Drawing & Plat of Survey required. Sign location MUST be identified on the plat. Also a landscape plan must be submitted for all free standing signs. **NOTE: Only one freestanding sign per location is allowed for all businesses on the property not to exceed 100 square feet. NO FREESTANDING SIGNS ALLOWED IN A B2 ZONED DISTRICT. Call 811 Before You Dig.****

Type of Sign: (Check One) Pylon: ___ Monument: ___ Illuminated: ___ Non-Illuminated: ___

Sign Material: Wood: ___ Metal: ___ Plastic ___ Brick: ___ Other: _____

Size of sign _____ Height: _____ Square footage: _____ Size of footings: _____

Distance from the Right of Way(s): Front: _____ Side: _____

BUILDING MOUNTED

Drawing of the sign shall include view of sign being proposed and how it will be connected to the building. MUST HAVE THE FOLLOWING: Linear measurements of the façade wall occupied by the business. Each occupancy shall be permitted a maximum of 1 sign not to exceed six tenths (.6) square feet of sign area.

Illuminated: ___ Non-Illuminated ___ Wood: ___ Plastic ___ Brick ___ Metal ___ Other _____

Size of sign(s): _____ Square footage: _____ **Linear Measurement of Wall** _____

Electrical Contractor: _____ **Electrical permit MUST be pulled first by the electrical contractor before the sign permit is released.**

Contractors Signature _____ Property Owner _____

Must have both signatures on the application or a copy of the signed contract. Note if the contract is not with the property owner we would need authorization from property owner for the work.

Office use

Property Zoned: _____ BZA Approved: _____ (If applicable)

Number of Inspections: _____

Permit fee: _____

Inspection fee: _____

Plan review fee: _____

Approved By: _____ Date: ___/___/___

Total fee: _____

Building Commissioner