

**CITY OF HAYSVILLE**

PO Box 404
200 W. Grand
Haysville, KS 67060
Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

**Permanent
Sign Permit
Application**

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION

ORGANIZATION INFORMATION

Registered Business Name:	Phone:
Business Address:	Business Email:
Mailing Address:	City, State, ZIP
Applicants Name:	
Home Phone:	Mobile Phone:

CONTRACTOR INFORMATION

Contractors Name:	Contractor's License #:
Address:	City, State, Zip
Email:	Phone:

PROPERTY OWNER INFORMATION

Name of Property Owner:	
Address:	City, State, Zip
Email:	Phone:

DESCRIPTION OF TEMPORARY SIGN

Use of Building:	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial		
Class of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Major Repair	
Structural Type:	<input type="checkbox"/> Awning <input type="checkbox"/> Pole	<input type="checkbox"/> Canopy <input type="checkbox"/> Projecting	<input type="checkbox"/> Marquee <input type="checkbox"/> Wall	<input type="checkbox"/> Monument <input type="checkbox"/> Billboard	<input type="checkbox"/> Ground
Functional Type:	<input type="checkbox"/> Bulletin Board <input type="checkbox"/> Directional/Info <input type="checkbox"/> Off Premise Real Estate	<input type="checkbox"/> Business Sign <input type="checkbox"/> Flashing/Moving	<input type="checkbox"/> Construction Sign <input type="checkbox"/> Identification	<input type="checkbox"/> Digital Sign <input type="checkbox"/> Illumination	<input type="checkbox"/> Name Plate <input type="checkbox"/> Offsite Adv.
Size Dimensions:	Total Gross Surface Area of Sign:				
_____ X _____ X					
Date to be Erected:	Date to be Removed:				

PLEASE NOTE: NO CONSTRUCTION IS TO TAKE PLACE UNTIL THIS PERMIT APPLICATION HAS BEEN APPROVED BY THE ZONING ADMINISTRATOR AND/OR THEIR DESIGNEE.

ADDITIONAL SIGNS

	Use of Building	Type of Sign	Height (in feet)	Width (in feet)	Number of Faces	Total Area of all Faces	Notations/ Permit (Office Use Only)
1							
2							
3							
4							
5							
6							
7							

CERTIFICATION

I certify that I am the applicant seeking this Permit, that all foregoing information is true and I am aware that any falsification on this form and any attachments hereto is cause for revocation of the Permit issued as a result thereof. I hereby agree to be the responsible party for any violation of the Code associated with this license.

Printed Name:

Date:

Signature:

AGREEMENT

I, hereby agree to comply with all of the ordinances and amendments thereto, of the City of Haysville and the laws of the State of Kansas, and all the rules and regulations prescribed by the City, and all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. I agree to notify the City immediately if any information provided on this application shall change at any time prior to or during the term of the permit, and do hereby further consent to the immediate revocation of my Sign Permit, by the City Zoning Administrator and/or their designee, for any violation of such laws, rules and regulations.

Printed Name:

Date:

Signature:

OFFICE USE ONLY

Date Application Received:_____ By:_____ Fee: _____ Receipt #:_____

The applicant is in compliance with existing codes and regulations:

	Yes	No	Reason	Initial	Date
Zoning Administrator					

The application is found to be complete and approved:

	Yes	No	Reason	Initial	Date
Zoning Administrator					

Permit #:_____

Date Issued:_____