



Floyd County
Department of Building & Development Services
2524 Corydon Pike Suite 203
New Albany, IN 47150
Phone: (812) 981-7611
Fax: (812) 948-4744
Building@floydcounty.in.gov

Temporary/Permanent Sign Application

Please Note: Any sign with a display area more than 6 square feet requires a permit.

1. General Information:

| | |
|--------------------|--|
| Applicant: | |
| Applicant Address: | |
| Applicant Phone: | |
| Applicant Email: | |

Owner(s) of Property: (complete this section if *owner* is different than applicant)

| | |
|----------------|--|
| Owner Name: | |
| Owner Address: | |
| Owner Phone: | |
| Owner Email: | |

2. Site Information:

| | |
|-------------------------------|--|
| Parcel ID Number: | |
| Total Acreage: | |
| Address of Property/Location: | |
| Current Use of Property: | |
| Current Zoning District: | |

3. Proposed Sign Information:

Temporary Sign Permanent Sign

Detail the proposed sign:

| | |
|------------------------------------|--|
| Area of Proposed Sign: | |
| Number of Signs Currently on Site: | |
| Height of Proposed Sign: | |
| Total Area of Wall (wall sign) | |

Note: If applying for multiple signs on site, detail project below and include specific details for each sign:

Sign #2

| | |
|--------------------------------|--|
| Area of Proposed Sign: | |
| Height of Proposed Sign: | |
| Total Area of Wall (wall sign) | |

Sign #3

| | |
|--------------------------------|--|
| Area of Proposed Sign: | |
| Height of Proposed Sign: | |
| Total Area of Wall (wall sign) | |

Sign #4

| | |
|--------------------------------|--|
| Area of Proposed Sign: | |
| Height of Proposed Sign: | |
| Total Area of Wall (wall sign) | |

Sign Totals

| | |
|---------------------------------|--|
| Total Number of Proposed Signs: | |
| Total Area of Proposed Signs: | |

4. Required Documents:

- \$25.00 Filing Fee
- Affidavit of Ownership (if applicable)
- Site plan detailing sign location and/or structure including setbacks from property lines
- Rendering of proposed sign with dimensions

5. Signature:

The undersigned states that the above information is true and correct.

Date: _____

