

City of Eagle Grove Iowa
210 E. Broadway/PO Box 165
Fax 515-448-3761 Phone: 515-448-4343

Application for Sign Permit

A. Location of Sign Permit

Address _____

City _____ State _____ Zip Code _____ Zoning Classification _____

B. Applicant Information

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone # _____

Sign Installer _____ License # _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

C. Permanent Sign Information

____ On Building Wall ____ Freestanding ____ Canopy ____ Illuminated ____ Non-illuminated

Sign Message: _____

Sign Dimensions: Length _____ Width _____

Sign Area _____ square feet Sign Height _____

D. To Be Read by the Applicant

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

Signature

Date

Print

IT'S FREE, IT'S THE LAW. WHEN YOU DIG CALL IOWA ONE CALL. 1-800-2924989

Permit#:	Permit Fee: \$35.00
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
Zoning Officer Signature	Date