



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515) 223-6221  
 www.cityofclive.com

**APPLICATION FOR SIGN PERMIT**

DATE	PERMIT TYPE <b>Sign</b>	PIN
PERMIT NO.	DATE ISSUED	EXP. DATE
ZONING	GROUP <b>N/A</b>	TYPE CONST <b>N/A</b>

**PROJECT INFORMATION**

PROJECT ADDRESS / SUITE NO. (if applicable) \_\_\_\_\_

BUSINESS / OWNER NAME \_\_\_\_\_

BUSINESS OWNER / CONTACT \_\_\_\_\_

BUSINESS OWNER / CONTACT PHONE \_\_\_\_\_

BUSINESS OWNER / CONTACT E-MAIL ADDRESS \_\_\_\_\_

LOT # \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

**PERMIT FEES**

Monument Sign	\$ _____
Building Sign	\$ _____
Temporary Sign	\$ _____
<b>TOTAL</b>	\$ _____

*Provide dimensional and colored elevations of ALL proposed signs. Provide description, including material, color, message and means of securing to ground, if applicable. Indicate location and setbacks on sketch or site plan.*

**CONTRACTOR INFORMATION**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PROJECT CONTACT NAME \_\_\_\_\_

PROJECT CONTACT PHONE \_\_\_\_\_

PROJECT CONTACT E-MAIL \_\_\_\_\_

**MONUMENT SIGN**

Setback from property line \_\_\_\_\_

Height, including sign base \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

**BUILDING SIGN**

Lineal feet of building or tenant space footage \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

**TEMPORARY SIGN**

Dates of display \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

PROJECT NOTES (if applicable) \_\_\_\_\_

- Approved**
- Approved with conditions (see below)**
- Denied (see below)**

I hereby acknowledge that I have read this application and state that the information supplied with this application is correct and agree to comply with all city ordinances and state laws regulating signs.

\_\_\_\_\_  
 Please print Owner or Authorized Agent's Name

\_\_\_\_\_  
 Signature of Owner or Authorized Agent      \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Planner or Authorized Representative      \_\_\_\_\_  
 Date