



CITY OF CLIVE
 1900 NW 114th Street
 Clive, IA 50325-7077
 Phone (515)223-6221
 Fax (515) 457-3091
 www.cityofclive.com

2017 APPLICATION FOR SIGN PERMIT

APPLICATION DATE	PERMIT TYPE Sign	PIN
PERMIT NO.	DATE ISSUED	EXP. DATE
ZONING	GROUP N/A	TYPE CONST N/A
LOT #	SUBDIVISION	

PROJECT INFORMATION

BUILDING ADDRESS/SUITE NO. (if applicable) _____

BUSINESS NAME _____

BUSINESS CONTACT/PHONE _____

E-MAIL ADDRESS _____

OWNER NAME _____

OWNER PHONE _____

PERMIT FEES

Monument Sign _____

Building Sign _____

Temporary Sign _____

TOTAL _____

For planner only:
 Is electrical permit required for this project? Yes No

CONTRACTOR INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE / E-MAIL ADDRESS _____

PROJECT CONTACT _____

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.

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.) _____

PERMITS AND INSPECTIONS

- Issuance of a permit based on plans, specifications and other data supplied by the applicant shall not prevent the building official from thereafter requiring the correction of errors in said plans, specifications and other data, or from preventing construction operations from being carried on thereunder when in violation of the code or of any other ordinances of this jurisdiction.
- It shall be the duty of the person doing the work authorized by this permit to notify the Community Development Department that such work is ready for inspection. The department may require that every request for inspection be filed at least one working day before such inspection is desired.
- It shall be the duty of the person requesting any inspections required by this code to provide access and means for inspection of such work.
- Confirming that this project meets the restrictive covenants is the owner and/or contractor's responsibility!

- 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 building construction.

 Please print Owner or Authorized Agent's Name

 Signature of Owner or Authorized Agent

 Date

 Planner or Authorized Representative

 Date