

**SIGN PERMIT**  
**Building Department**  
**172 N 2<sup>nd</sup> St. Decatur, IN 46733**  
**(260) 724-3814**

Email: [permits@cityofdecatur.in.gov](mailto:permits@cityofdecatur.in.gov)

Permit: \_\_\_\_\_  
Date: \_\_\_\_\_

LOCATION OF SIGN: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

OWNER (IF DIFFERENT THAN APPLICANT): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

SIZE AND TYPE OF SIGN: \_\_\_\_\_  
ESTIMATED COST: \_\_\_\_\_

**(1) ATTACH DRAWING OF SIGN, DIMENSIONS, POLE SIZE AND/OR FOUNDATION  
(2) ATTACH PLOT PLAN SHOWING LOCATION OF SIGN, ALL PROPERTY LINES, EXISTING AND PROPOSED  
STRUCTURES, EASEMENTS AND DRIVEWAYS.**

ELECTRICAL CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NOTES: \_\_\_\_\_

**PERMIT FEES:**

ON-PREMISE FREE STANDING:	\$100	_____
DIRECTIONAL/INFORMATIONAL:	\$ 20	_____
WALL-MOUNTED-PRINCIPAL:	\$100	_____
EACH ADDITIONAL:	\$ 20	_____
OFF-PREMISE:	\$500	_____
<b>TOTAL:</b> _____		

**\*THE APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND TRUE, AND IN  
ACCORDANCE WITH THE PROVISIONS OF THE SIGN ORDINANCE OF THE CITY OF DECATUR\***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(BUILDING INSPECTOR)

DATE: \_\_\_\_\_