

City of South Bend

SIGN PERMIT Application

APPLICANT INFORMATION

| | | | |
|------------------------|---------|----------------------|----------------|
| APPLICANT: | _____ | ORG/BUSINESS: | _____ |
| PHONE: | _____ | EMAIL: | _____ |
| ADDRESS: | _____ | _____ | _____ |
| | Address | City | State Zip |
| PROPERTY OWNER: | _____ | | |
| PHONE: | _____ | EMAIL: | _____ |
| ADDRESS: | _____ | _____ | _____ |
| | Address | City | State Zip |
| BUSINESS OWNER: | _____ | ORG/BUSINESS: | _____ |
| PHONE: | _____ | EMAIL: | _____ |
| ADDRESS: | _____ | _____ | _____ |
| | Address | City | State Zip |

PROPERTY INFORMATION

ADDRESS: _____

Address

COUNTY PARCEL ID (**NOT** STATE TAX ID)

| | | | | | | | | | | |
|--|--------------------------|--|--------------------------|-----|-----------------------------|--------------------------|---------------|--------------------------|-----|---------------|
| ZONING: | _____ | VARIANCE, SPECIAL USE/ EXCEPTION APPROVAL | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES | _____ | | | |
| | Zoning | | | | | | Approval Date | | | |
| OVERLAY: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | DESIGN APPROVAL | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES | _____ |
| | | | | | | | | | | Approval Date |
| <i>If your property is in an Overlay the designs must be submitted to the Design Review Specialist for approval.</i> | | | | | | | | | | |
| ENCROACHING IN PUBLIC ROW | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | PUBLIC WORKS APPROVAL | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES | _____ |
| | | | | | | | | | | Approval Date |
| <i>If "yes" your designs must be submitted to Public Works for approval before a permit can be issued.</i> | | | | | | | | | | |
| HISTORIC DISTRICT: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | HISTORIC APPROVAL | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES | _____ |
| | | | | | | | | | | Approval Date |
| <i>If your property is in an Historic District the designs must be approved by Historic Preservation.</i> | | | | | | | | | | |
| FLOOD PLAIN OR WETLAND: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | FLOODPLAIN/WETLAND APPROVAL | <input type="checkbox"/> | N/A | <input type="checkbox"/> | YES | _____ |
| | | | | | | | | | | Approval Date |
| <i>If your property is in an flood plain or wetland you will need prior approval from the applicable authority.</i> | | | | | | | | | | |

SIGN INFORMATION

Number of signs applied for _____

PERMANENT OR TEMPORARY: PERMANENT TEMPORARYIf temporary
start/renewal date

Start Date _____

Renewal Date _____

PURPOSE: ON PREMISE *OFF PREMISE

- If "off premise" verify that "off premise" signs are allowed in the zoning district in which your property is located.

Linear distance to
nearest off premise sign _____Radial distance to
nearest off premise sign _____**SIGN TYPE**(Select **ALL** that apply): POLE MONUMENT FAÇADE PROJECTING CHANGEABLE COPY AWNING

**If EMC # of msg/min _____

***Awning Area
(sq/ft) _____

Other (Explain) _____

LOCATION ON PROPERTY/BUILDING: _____**FRONTAGE (Freestanding Signs Only)**

Front Lot Line (ft) _____

Second Front lot line if
corner lot (ft) _____Total Frontage if sign is oriented to
both frontages (ft) _____**SETBACKS****(Freestanding Signs Only)**

Front (ft) _____

Side (ft) _____

Side (ft) _____

Back (ft) _____

**BUILDING FAÇADE
(Façade/wall signs only)**

Height (ft) _____

Width (ft) _____

Area (sq/ft) _____

Height (ft) _____

Width (ft) _____

Area (sq/ft) _____

INDIVIDUAL TENANT SPACE IF APPLICABLE

SIGN SIZE:Height from
street grade (ft) _____Clearance from
ground (ft) _____Height of Sign
(ft) _____

Width (ft) _____

Sign Area
(sq/ft) _____**LIGHTING:** INTERNAL EXTERNAL BACKLIT NONE**IF APPLYING FOR MULTIPLE SIGNS FILL OUT THIS PAGE FOR EACH SIGN****EXTRA FORMS ARE AT THE END OF THIS PACKAGE**

EXISTING SIGNS

| | | | |
|-------------------------------|--------|------------|--------------------|
| EXISTING FAÇADE SIGNS: | FRONT: | _____ | _____ |
| | | # of signs | Total Area (sq/ft) |
| | SIDE: | _____ | _____ |
| | | # of signs | Total Area (sq/ft) |
| | SIDE: | _____ | _____ |
| | | # of signs | Total Area (sq/ft) |
| | REAR: | _____ | _____ |
| | | # of signs | Total Area (sq/ft) |

| | | | | |
|---|---------------------------|-------|----------|--------------|
| EXISTING FREE STANDING: (Free standing sign applications only) | SIGN 1 (If applicable) | _____ | _____ | _____ |
| | | Type | Location | Area (sq/ft) |
| | SIGN 2 (If applicable) | _____ | _____ | _____ |
| | | Type | Location | Area (sq/ft) |
| | SIGN 2 (If applicable) | _____ | _____ | _____ |
| | | Type | Location | Area (sq/ft) |

- If there are more than 3 existing signs submit specifications on a separate sheet.
-

CONTRACTORS

All contractors must be licensed and/or registered with our department. For more information on this go to <http://www.southbendin.gov/government/content/contractor-licenses-0>

SIGN CONTRACTOR: _____ (REQUIRED IF BEING INSTALLED FOR REMUNERATION)

I certify the above to be a true and accurate to the best of my knowledge.

APPLICANT SIGNATURE

DATE

PRINT NAME

**ST. JOSEPH COUNTY/SOUTH BEND
BUILDING DEPARTMENT**

SIGN AFFIDAVIT

I, _____, am an authorized representative of
_____ (the "Owner"), which owns/legally occupies the property
PROPERTY OWNER / LESSEE SIGN OWNER

commonly known as _____, _____, Indiana, _____
ADDRESS CITY ZIP

on which the proposed sign is to be erected; and have read and agree to the following:

1. St. Joseph County (the "County") and the City of South Bend (the "City") shall be indemnified and held harmless by the Owner from any claims, damages, liabilities, losses, actions, suits, or judgments which may be brought, presented, sustained, or obtained against the County or City or its officials because of negligence of the sign hanger, contractor, or his agents, or by reasons of defects in the construction, or damages resulting from the collapse or failure of any sign.
2. The Owner will guarantee removal of the sign when the use which it identifies, instructs, attracts, guides, or advertises is terminated at that particular location; however, this will not apply to periodic changing of the sign faces for present or future tenants or owners. If the Owner is not the owner of the real property on which the sign will be placed, the Owner represents that the installation of the sign is authorized by the property owner.
3. The Owner shall maintain the sign by repainting peeled surfaces and replacing inoperative components. Should the Owner fail to maintain the sign as outlined herein within forty-five (45) days after written notice, the County or City shall remove the sign after first giving the owner of the sign thirty (30) days written notice of its intent to do so.

Signed this _____ day of _____, _____
DAY MONTH YEAR

| | |
|--------------|-----------------|
| SIGNATURE | MAILING ADDRESS |
| PRINT NAME | CITY ST ZIP |
| ORGANIZATION | PHONE |
| POSITION | EMAIL |