

City of Larned  
 Building Inspections  
 417 Broadway  
 Larned, Kansas 67550  
 (620) 285-8500

## Sign Permit Application

Application Date \_\_\_\_\_

# Larned



Required Documents:  
 Site Plan  
 Sign Specs / Details

### Property Information

Street Address	Zip	Zoning
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### Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip

### Contractor Information

Sign Installer	Phone
Electrical Contractor	Phone

### Project Information

Project Description			
Sign Text			
Construction Type		Frame Type	
Sign Dimensions	Existing Square Footage	check a box below	
		One Sided	Two Sided
Distance from Curb to Property Line	Distance Lower Edge Above Grade	Projection Distance from Building	Projection Beyond Property Line
Electrician Required?  Yes      No	Construction Cost	Expected Completion Date	Attached      Yes      No
			Illuminated      Yes      No

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Date
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Office Use Only
Permit Fee \$ _____      Permit # _____      Permit Issue Date _____