

**SIGN PERMIT APPLICATION**  
**CITY OF WHITING, INDIANA**    [www.whitingindiana.com](http://www.whitingindiana.com)

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Phone number(s) of applicant: \_\_\_\_\_

Name of Licensed Contractor doing work: \_\_\_\_\_

Address of Licensed Contractor: \_\_\_\_\_

Phone number(s) of Licensed Contractor: \_\_\_\_\_

Name of Business where sign is to be installed: \_\_\_\_\_

*(if different from applicant)*

Address where sign is to be installed: \_\_\_\_\_

*(if different from applicant)*

Phone number where sign is to be installed: \_\_\_\_\_

*(if different from applicant)*

Type of sign: \_\_\_\_\_

Position of sign: \_\_\_\_\_

Dimensions of sign: \_\_\_\_\_

**APPLICANT NEEDS TO ATTACH THE FOLLOWING TO THIS PERMIT:**

1. Two (2) blue prints or ink drawings to scale of the plans, include dimensions of proposed sign, and specifications and methods of construction, (i.e. attachment to the building or other structure or placement in the ground);
2. Copy of stress sheets and calculations showing the structure's dead load and wind pressure capacities if required by Building Commissioner –  
    \_\_\_ Required    \_\_\_ Not required per determination of Bldg Comr.
3. If sign includes electrical service, description of service to be installed by licensed electrical contractor; Name, address, and phone number of licensed electrical contractor; include photograph of light fixture(s), dimensions of proposed lighting fixture(s) with wattage, type of bulb, and placement to sign.
4. Computer generated color graphic illustrating proposed sign including graphic, font, and color(s). Color swatches should accompany application
5. Written consent of owner of building if applicant is not owner.

**APPROVALS:**

Building Commissioner: \_\_\_\_\_

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

Zoning Commissioner: \_\_\_\_\_

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

Historic Commission: \_\_\_\_\_

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

*(if required by ordinance)*

Board of Works: \_\_\_\_\_

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

*(if required by ordinance)*

Permit Fees Paid: \_\_\_\_\_ Date: \_\_\_\_\_