



404 Comanche Street  
 Kiowa, CO 80117  
 Phone: (303) 621-2366  
 Fax: (303) 621-2595

## SIGN PERMIT APPLICATION

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

**PERMIT FEE:**  
 Based on total cost \_\_\_\_\_  
 of project

**TO BE COMPLETED BY APPLICANT**

**(\*REQUIRED FIELDS)**

**\*Property Owner Name:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_

**\*State:** \_\_\_\_\_

**\*Zip:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**CONTRACTOR INFORMATION\*\*\*List additional contractors on back of this form (sign company information)**

**\*Contractor Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**\*City:** \_\_\_\_\_

**\*State:** \_\_\_\_\_

**\*Zip:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**PROJECT INFORMATION**

**MATERIAL:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DIMENSIONS:** \_\_\_\_\_

- ERECTION OR REPLACEMENT OF ANY PERMANENT SIGN LARGER THAN TEN (10) SQUARE FEET
- INCLUDE DETAIL DRAWINGS INDICATING THE DIMENSIONS, LOCATION AND ENGINEERING OF SIGN

**\*I certify the above information is correct and agree to construct in accordance with the plat, building plans and specifications submitted, and in strict compliance with all the provisions of the zoning ordinance, building code, health and plumbing code. I understand this application must be approved before the property can be used in accordance with the request.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*OFFICE USE ONLY\***

**PLANNING**

**BUILDING**

**COMMUNITY DEVELOPMENT MANAGER APPROVAL:**

**BUILDING DEPARTMENT:**

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

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