



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: _____