



**FRANKLIN COUNTY
PLANNING & BUILDING CODES
DEPARTMENT**
321 West Main Street
Phone: (502) 875-8701
Fax: (502) 875-8737
www.franklincounty.ky.gov

OFFICE USE ONLY

Received: ___/___/___
Payment Amt: \$_____
\$.50 per sq ft. or \$35 min.
Check # ___ CASH ___
CC _____
Receipt #: _____

SIGN PERMIT APPLICATION

Select One: New Sign Replacement Temporary Changing face Other _____

APPLICANT

Name/Business Name: _____
Mailing Address: _____
Phone: _____ Email Address: _____
Owner(s) of Property: _____

SIGN CONTRACTOR

Name: _____
Mailing Address: _____ Phone: _____
Email Address: _____ Franklin County Business License Number: _____

FOR OFFICE USE ONLY: Valid Business License on file. Verified by: _____

SIGN LOCATION

Address: _____
City _____ State _____ Zip _____

SITE/BUILDING INFORMATION

- Linear footage of lot (along street): _____
- Width of building facade(s): _____
- Width of tenant space to which sign(s) will be attached: _____
- Floor area of building (1st floor only): Bldg. height: _____

SIGN SPECIFICATIONS

- Sign Type: Pole/Pylon Building Fascia Ground/Monument
 Directional Special Purpose Projecting Temporary
- # of Existing Signs _____ Dimensions of each: _____
- Total Existing Square Footage of signs: _____
- # of Proposed Signs _____ Dimensions of each: _____
- Total Proposed Square Footage of signs: _____
- Clearance below proposed sign: _____ Height of proposed sign _____
- Are the existing sign(s) illuminated? Yes No
- Will the proposed sign(s) be illuminated? Yes No

REQUIRED ATTACHMENTS:

- Sketch of proposed sign showing sign message and dimensions;
 - Sketch showing sign placement on building facade, OR sketch of site showing sign location on property, with setback distances from property lines indicated (whichever is applicable).
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NOTICE

I hereby certify that I have read and examined this document and know the same to be true and correct. There shall be compliance with all provisions of laws and ordinances governing this type of work whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. In addition, I agree that all illuminated signage shall conform to the current National Electrical Codes.

Signature: _____

Address: _____

Date: _____

<p>CHECK ALL THAT APPLY:</p> <ul style="list-style-type: none"><input type="checkbox"/> I am the applicant.<input type="checkbox"/> I am the business owner.<input type="checkbox"/> I am the property owner.<input type="checkbox"/> I am the contractor.<input type="checkbox"/> I am an agent.<input type="checkbox"/> If an agent, for whom: _____
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FOR OFFICIAL USE ONLY		
Permit # _____	Permit Fee: _____	Zone District: _____
Setback Requirements: Front _____	Side _____	Rear _____
Comments: _____		
Planner Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Name: _____ date: _____		
Building Inspector Review (if applicable): <input type="checkbox"/> Approved <input type="checkbox"/> Denied initials _____ date _____		
Electrical Inspector Review – Final: <input type="checkbox"/> Approved <input type="checkbox"/> Denied initials _____ date _____		