



**Marion County
Planning, Zoning
Environmental Health**
203 S. Third St
Marion, KS 66861
620-382-2945

APPLICATION FOR A SIGN PERMIT

This form must be completed and filled at the office of the Zoning Administrator in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

1. Name of applicant or applicants (owner(s) and/or their agent(s)).

A. Applicant/Owner _____
Address _____
Phone _____

B. Agent _____
Address _____
Phone _____

2. Legal described of the property:

3. Property address: _____

The general location is: Section ____ Township ____ Range ____

A. At the ____ (NW, NE, SW, or SE) corner of _____ (street/road) and
_____ (street/road)

B. On the ____ (N, S, E, or W) side of _____ (street/road) between
_____ (street/road) and _____ (street/road).

4. Classification of Signs: (Check One)

a) Functional Type:

1. Advertising on premise	_____	5. Identification	_____
2. Bulletin Board	_____	6. Billboard	_____

3. Business _____ 7. Fifth Amendment _____
4. Construction _____

b) Structural Type:

1. Marquee _____ 5. Wall _____
2. Ground _____ 6. Window _____
3. Pole _____ 7. Portable _____
4. Roof _____ 8. Temporary _____

5. Size: _____ x _____ Area: _____ Square Feet

6. Total Height: _____ Feet

7. Will the sign be illuminated? Yes _____ No _____

8. Site plan of sign location and all existing signs and sizes on the same property shall be attached.

9. Scale drawing of the proposed sign (and construction plans) shall be attached.

10. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The 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 of signs.

(Owner) (Owner)

By _____ By _____
Authorized Agent (if any) Authorized Agent (if any)

OFFICE USE ONLY:

This application was received at the office of the Zoning Administrator at _____ (A.M.) (P.M.) on _____ day of _____ 20_____. This application has been checked and found to be complete and accompanied by the required documents and the appropriate fee of \$_____.

APPROVED: _____ **DENIED:** _____

Sharon Omstead, Zoning Administrator

Date: _____

Title

Inspection required on completion

Date Inspected: _____

Approved: _____

Inspector

SIGN PERMIT NO: S- _____