





1. \_\_\_\_\_

STREET ADDRESS	LEGAL DESCRIPTION (If no address)
TAX KEY#	ZONING DISTRICT
INSTALLER: _____	
COMPANY NAME	CONTACT NAME
ADDRESS	PHONE NUMBER
	LICENSE #

2. SIGN				STRUCTURAL TYPE		ILLUMINATED (Y/N)
FUNCTIONAL TYPE (i.e. billboard, construction, real estate, etc.)				(building, ground, pole, portable)		(If yes, electrical permit req.)
	/		/		/	
Erect		Alter		Repair		Move
				On Site	Off Site	Distance to nearest Offsite sign
# OF FACES		MAXIMUM GROSS SURFACE AREA		# OF POLES		HEIGHT TO TOP

For Special Event Signs Installation Date \_\_\_\_\_ Removal Date \_\_\_\_\_

\_\_\_\_\_ New (placed, located, erected, constructed, remodeled, altered, hung, affixed, created by painting)  
\$25.00 + \$6.00 per each 10 square feet of gross surface area or fraction thereof

\_\_\_\_\_ Altered to increase size or height - \$25.00 + \$6.00 per each 10 square feet of gross surface area or fraction thereof

\_\_\_\_\_ Face or Copy change only - \$25.00

\_\_\_\_\_ Real Estate Sign (over 8 square feet) - \$15.00 + \$4.00 per each 10 square feet of gross surface area or fraction thereof

\_\_\_\_\_ Temporary Sign - \$10.00 + \$1.00 per each 10 square feet of gross surface area or fraction thereof

- A. Site plan showing location of proposed sign
- B. Building plans and structural details of proposed sign.

C. If applicant is not the owner, proof of agreement with owner of land for placement of the sign.

4. THE APPLICANT AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUIRED FOR REVIEW AND PROCESSING OF THE APPLICATION FOR SIGN PERMIT.

APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Forward application, fee, site plan and sign design to:

**City of Clearwater**

**P.O. Box 453**

**Clearwater, KS 67026**

**(620) 584-2311**

**(620) 584-3119 (fax)**

-----FOR OFFICIAL USE ONLY-----

Date received \_\_\_\_\_

Fee paid \_\_\_\_\_

Received by: \_\_\_\_\_

SIGN PERMIT APPROVED FOR A \_\_\_\_\_ SIGN \_\_\_\_\_ DATE

BY: \_\_\_\_\_

Zoning Administrator

SIGN PERMIT DENIED \_\_\_\_\_ DATE

BY: \_\_\_\_\_

Zoning Administrator

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
This permit becomes null and void 60 days after this date unless the type of activity covered by the permit is commenced.