

Office of the City Engineer
222 N. Chauncey Ave.
West Lafayette, IN 47906
765-775-5130 Fax 765-775-5249
www.westlafayette.in.gov



PERMANENT SIGN PERMIT

SIGN LOCATION: _____
ADDRESS OF CONSTRUCTION SITE

LOT NUMBER SUBDIVISION PARCEL NUMBER

OWNER: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

CONTACT/CONTRACTOR: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

***Application must be accompanied by a plot plan showing dimensions, position of building, Existing signage, position of proposed signage, complete with dimensions, and drawn to scale. Reference: Chapter 4, Unified Zoning Ordinance, Tippecanoe County, 6-65**

PERMIT NUMBER: _____

A. Type of Sign:
 Wall
 Free Standing
 Other (specify) _____

E. Variance:
 No Yes (attach a copy of variance)

B. Usage:
 Identification Other: _____

F. Size of Sign:
Height: _____

C. Illuminated:
 Yes UL#: _____
 No (illuminated signs require an inspection while open)

Width: _____

Overall height from grade: _____

G. Total Area of Signage: _____

D. Setbacks:
Proposed setback from property line: _____

H. Total Cost of Signage: _____

OWNER'S CERTIFICATE: I hereby certify that the sign, or signs, will be used for the purpose listed above in accordance with the UNIFIED ZONING ORDINANCE FOR TIPPECANOE COUNTY, INDIANA. Engineer's office must be contacted for final approval. Sign must be installed within 1 year of issuance.

OWNER'S NAME (Please type or print) OWNER'S SIGNATURE DATE

FOR OFFICE USE ONLY

Date Received: _____ Fees/Fines: _____ **TOTAL:** _____

PERMIT APPROVAL: _____
Authorized Signature Date

FINAL INSPECTION COMPLETED: _____
Authorized Signature Date

CONDITIONS: _____

Upon Completion, Please Call For "Final Inspection"