

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



## PERMANENT SIGN PERMIT

Forms can be submitted  
to : [engineering@wl.in.gov](mailto:engineering@wl.in.gov)

**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**

**A. Type of Sign:**

- Wall
- Free Standing
- Other (specify) \_\_\_\_\_

**B. Usage:**

- Identification     Other: \_\_\_\_\_

**C. Illuminated:**

- Yes UL#: \_\_\_\_\_
- No (illuminated signs require an inspection while open)

**D. Setbacks:**

Proposed setback from property line: \_\_\_\_\_

**E. Variance:**

- No     Yes (attach a copy of variance)

**F. Size of Sign:**

Height: \_\_\_\_\_

Width: \_\_\_\_\_

Overall height from grade: \_\_\_\_\_

**G. Total Area of Signage:** \_\_\_\_\_

**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"**

**PERMIT NUMBER:** \_\_\_\_\_