

115 Locust Street, P.O. Box 127, Hickman, NE 68372-0127 Phone 402.792.2212 - Fax 402.792.2210 www.hickman.ne.gov

APPLICATION FOR SIGN PERMIT

| Permit # | # F | | | | |
|--|--|-----------------------|--|--|--|
| Business: | | | | | |
| Job Address: | Phone Number: () | | | | |
| Legal Description: Lot | Block | Addition | | | |
| Owner of Property / Building: | Tenant's Name: | | | | |
| PERMANENT SIGNS | | | | | |
| The undersigned sign contra | ctor hereby applies for | r: Business Name | | | |
| | | Dusiness Name | | | |
| To: Construct Alter Paint Relocate Face Change Enlarge | Said Sign is a: Pole Sign Ground Sign Off – Premise Sign (billboard) Painted Wall Sign Wall Sign (includes channel letters) Awning Sign | | □ Marquee Sign □ Pedestrian Marque Sign □ Projecting Sign □ Roof Sign □ Window Sign □ Mural | | |
| Sign is illuminated? □ Yes □ | No Sign includes ele | ectronic message cent | ter? Yes No | | |
| | | | Area of Message Center | | |
| Submit a separate site plan for pole or ground sign, indicating setback from property lines. | | | | | |
| Location on the Building: North Wall East Wall South Wall West Wall | Sign Description: Dimensions: Height of Pole or Ground Sign: | | = Total Area: | | |
| MOBILE SIGN / TEMPORARY SIGNS | | | | | |
| The undersimed sing contractor benefits and to see | | | | | |
| The undersigned sign contractor hereby applies for: Business Name | | | | | |
| Number of Days: | From: | | Through: | | |
| Zoning: Sign | Setback: | Dimensions: _ | X | | |
| Additional Notes or please at | tach any additional do | ocuments: | | | |
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| The undersigned hereby agrees to comply in all respects with the provisions of the Outdoor Sign Code and Zoning Ordinance of the City of Hickman and agrees to hold and save the City of Hickman harmless from any damages arising from defective construction or disrepair of sign or damages from any sources arising from its erection, use of maintenance, and further agrees to assume all liability for damages from any cause as stated above. | | | | |
|---|------------|--------|--|--|
| Applicant Signature | Print Name | Date | | |
| Office Use Only | Footing: | Final: | | |
| Zoning: Front Yard Setback: In Front Yard: Out Front Yard: Max Size: Max Height: Spacing: Bldg. Line Dist: | | | | |
| Plan Review Approval: | Print Name | Date | | |