

P.O. Box 430, 104 W Main St. Le Grand, IA 50142 | Ph: 641-479-2464 | clerk@legrand-ia.gov

JOB SITE INFORMATION	APPLICANT INFORMATION									
Address: _____ Owner: _____ Owner Address: _____ Owner City/State/Zip: _____ Phone: _____ Email: _____	Company: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____									
<p style="text-align: center;"><u>Type of Sign</u></p> <table><tr><td>Fascia</td><td>Projecting</td><td>Marquee</td></tr><tr><td>Roof</td><td>Monument</td><td>Temporary</td></tr><tr><td>Other _____</td><td></td><td></td></tr></table>	Fascia	Projecting	Marquee	Roof	Monument	Temporary	Other _____			Description and size of proposed Sign:
Fascia	Projecting	Marquee								
Roof	Monument	Temporary								
Other _____										

Attach the following:

1. **Site plan** indicating building and proposed sign location.
2. For Fascia signs: Elevation drawing indicating proposed sign placement on structure, including the lineal footage of the building front.
3. Drawing of proposed sign, including all dimensions.
4. Written permission from building owner to build/place sign as submitted.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

X _____ Date: _____
SIGNATURE OF OWNER OR AGENT

X _____
PRINTED NAME

FOR OFFICE USE ONLY

Valuation _____ Permit Fee \$ _____
Sign Sq. Ft. _____ Permit No. _____
Date Permit Issued: _____

PERMIT APPROVED AND ISSUED BY **X** _____ Date _____