

*Town of Munster* SIGN PERMIT APPLICATION

Community Development ~ Building, Zoning & Code Enforcement ~ 1005 Ridge Rd. ~ Munster, IN 46321  
Phone 219-836-6990 ~ Fax 836-6542 ~ Email @ [communitydevelopment@munster.org](mailto:communitydevelopment@munster.org)

TYPE OR PRINT IN INK

PERMIT #: \_\_\_\_\_

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Authorized Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Display Address: \_\_\_\_\_ on the N / S / E / W side of the street or cul-de-sac

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address (if different from above): \_\_\_\_\_

**PROPOSED PROJECT**

\_\_\_\_\_ *New Sign*    \_\_\_\_\_ *Reface*    \_\_\_\_\_ *Relocation*

**SIGN TYPE (CHECK ALL THAT ARE BEING REQUESTED)**

\_\_\_ Awning    \_\_\_ Band    \_\_\_ Blade    \_\_\_ Canopy    \_\_\_ Directory    \_\_\_ Large Projecting    \_\_\_ Monument  
\_\_\_ Outdoor Display Case    \_\_\_ Plaque    \_\_\_ Porch    \_\_\_ Post    \_\_\_ Sidewalk    \_\_\_ Window

Description: \_\_\_\_\_

**DETAILS**

*Building:* \_\_\_ Single Tenant    \_\_\_ Internally Accessed Multi-Tenant    \_\_\_ Externally Accessed Multi-Tenant

*Building/Tenant Space primary frontage:* \_\_\_\_\_ ft.    *Secondary frontage (if applicable):* \_\_\_\_\_ ft.

*Illumination:* \_\_\_ Internal    \_\_\_ External    \_\_\_ Backlit    \_\_\_ Non-Illuminated

*Electric:* \_\_\_ Existing    \_\_\_ New Circuit

**TOTAL ESTIMATED COST OF PROJECT (MATERIAL & INSTALLATION):** \$ \_\_\_\_\_

**SUBMITTAL REQUIREMENTS – TO BE INCLUDED WITH PERMIT APPLICATION**

- o Detailed design drawings or photos of each sign to include: all materials, colors, dimensions, square footage (smallest single rectangle encompassing all lettering, devices or insignia and including any backer)
- o Installation specifications to include mounting/hanging device and any electrical, all electrical elements are to be concealed from public view, any damage to the surface of the building must be restored concurrently
- o Photo of building/tenant space elevation showing location of sign(s) and clearance

**ADDITIONAL SUBMITTAL REQUIREMENTS FOR FREESTANDING SIGNS**

- o Scaled site plan showing location of sign(s) and distance from right-of-way (10' minimum)
- o Landscape plan for monument sign(s), 3 ft perimeter planting required

**~ PLEASE PROVIDE CONTRACTOR INFORMATION ON Pg. 2 ~**

**[FOR OFFICE USE ONLY]**

**PERMIT FEE:** \$ \_\_\_\_\_    **INSPECTION FEE:** \$ \_\_\_\_\_    **TOTAL FEE DUE:** \$ \_\_\_\_\_

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**SIGN PERMIT APPLICATION**

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Sign Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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Landscape Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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Electrical Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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Subcontractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**~ PLEASE SCHEDULE INSPECTIONS 24 HOURS IN ADVANCE ~**

Planning: (Approved / Denied) X \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Building: (Approved / Denied) X \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Zoning Review Notes:**

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**Additional Information:**

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**~FOR SIGN STANDARDS, REFERENCE THE TOWN OF MUNSTER ZONING ORDINANCE~**