



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515) 223-6221  
 www.cityofclive.com

**2019 APPLICATION FOR SIGN PERMIT**

APPLICATION DATE	PERMIT TYPE <b>Sign</b>	PIN
PERMIT NO.	DATE ISSUED	EXP. DATE
ZONING	GROUP <b>N/A</b>	TYPE CONST <b>N/A</b>
LOT #	SUBDIVISION	

**PROJECT INFORMATION**

BUILDING ADDRESS/SUITE NO. (if applicable) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS CONTACT/PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER PHONE \_\_\_\_\_

PERMIT FEES		
Monument Sign		\$ _____
Building Sign		\$ _____
Temporary Sign		\$ _____
<b>TOTAL</b>		\$ _____

For planner only:  
 Is electrical permit required for this project? Yes No

**CONTRACTOR INFORMATION**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE / E-MAIL ADDRESS \_\_\_\_\_

PROJECT CONTACT \_\_\_\_\_

*Provide dimensional and colored elevations of ALL proposed signs. Provide description, including material, color, message and means of securing to ground, if applicable. Indicate location and setbacks on sketch or site plan.*

**MONUMENT SIGN**

Setback from property line \_\_\_\_\_

Height, including sign base \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

**BUILDING SIGN**

Lineal feet of building  
 or tenant space footage \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

**TEMPORARY SIGN**

Dates of display \_\_\_\_\_

Sign area (s.f.) \_\_\_\_\_

**PERMITS AND INSPECTIONS**

- Issuance of a permit based on plans, specifications and other data supplied by the applicant shall not prevent the building official from thereafter requiring the correction of errors in said plans, specifications and other data, or from preventing construction operations from being carried on thereunder when in violation of the code or of any other ordinances of this jurisdiction.
- It shall be the duty of the person doing the work authorized by this permit to notify the Community Development Department that such work is ready for inspection. The department may require that every request for inspection be filed at least one working day before such inspection is desired.
- It shall be the duty of the person requesting any inspections required by this code to provide access and means for inspection of such work.
- Confirming that this project meets the restrictive covenants is the owner and/or contractor's responsibility!

**Approved**

**Approved with conditions (see below)**

**Denied (see below)**

\_\_\_\_\_  
 Planner or Authorized Representative

\_\_\_\_\_  
 Date

I hereby acknowledge that I have read this application and state that the information supplied with this application is correct and agree to comply with all city ordinances and state laws regulating building construction.

\_\_\_\_\_  
 Please print Owner or Authorized Agent's Name

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date