	L	Date applied:	
	Γ	Date issued:	
	F	Permit Number:	
CITY OF MUNCIE OFFICE OF BUILDI		erinit (vainoer.	
SIGN PERMIT AP	<u>PLICATION</u>		
NAME OF BUSINESS Phone: On Premises:	Address/location of sign: Off Premises:	<u>):</u>	
OWNER OF REAL 1 Address:	ESTATE on which sign is to be l City & State:	ocated: Phone	 ::
SIGN CONTRAC	<u>CT</u>	Phone:	
Address:		City & State:	
CERTIFICATE OF I	NSURANCE:		
SIGN INFORMATIO	<u>ON.</u>		
Type of sign:	GROUND ROOF HOME OCCUPATION	WALL POLE PROJECTING MO	_ CLUSTER NUMENT
	Non-Illuminated Illumina	ated	
Dimensions:	Vertical Horizontal Height in feet above grade leve Height in feet above grade leve	el to bottom of sign:	feet
	Number of <u>existing</u> signs adver	tising the above business:	
	le, Ground and Cluster sign appling location of sign on lot, setback twing.		_
Construction, enlarge structures requested b	ndersigned certifies that the information of the ement reduction, or relocation or this application will comply with nsive Zoning Ordinance, 1972, and	f the structure, or any change th all applicable laws of the St	e in the use of land or
APPLICANT NAME ((PRINT) APPLICA	ANT (SIGNATURE)	
ADDRESS	(CITY/STATE:	
PHONE:		/AVA	2.1.00
		(SIGN APPLI) 8-	-3 1-00