



City of Windsor Heights

www.windsorheights.org

SIGN PERMIT

PERMIT NO. _____

Send to Safe Building Iowa at office@safebuildingiowa.com or call 515-333-4161

WINDSOR HEIGHTS
the heart of it all

SIGN: Temporary Wall Monument Business Identification

ATTACH SITE PLAN, DRAWINGS, AND/OR BUILDING PLANS

Date of Application: _____

Received by: _____

Review Date: _____

SIGN LOCATION

Business Name: _____ Zoning District: _____

Name of Contact/Owner: _____

Building Address: _____

City/State/Zip: _____

Phone No. _____

Email: _____

SITE LOCATED IN FLOODWAY OR FLOODWAY FRINGE?

Yes No If yes, a Floodplain Development Application Permit is required.

SIGN CONTRACTOR

Name: _____

Name of Contact Person: _____

Address: _____

City/State/Zip: _____

Phone No. : _____

Email: _____

ADDITIONAL ACKNOWLEDGMENTS:

- Except as provided by law, where any work has been started prior to obtaining this permit, the regular fee shall be doubled.
- This permit shall expire if work has not commenced or has been abandoned for 120 days. A new permit will be required at a fee of 1/2 the original permit fee.
- **ALL WORK MUST BE INSPECTED.** It is the responsibility of the permittee to call for inspections. No work shall be concealed or covered until approved by the inspector.
- The permittee acknowledges they are proficient in the performance of the work covered by the permit.
- Any questions as to code requirements or practices shall be resolved prior to initiation of the project.

VALUATION

SIGN SQUARE FOOTAGE/
HEIGHT

ONE-SIDE

TWO-SIDE

SETBACK FROM RIGHT-OF-WAY/PROPERTY LINE(S):

EXISTING SIGNAGE

Is there existing signage for this owned/leased space? Yes No

Square footage of existing signage _____

PERMIT FEES	No.	Fee
Basic Fee \$50.00 + \$1.00 per square foot		
Temporary Sign::\$15.00 + \$1.00 per square foot		
TOTAL		\$

I hereby acknowledge that I have read this application and state that the above address is correct. I agree to comply with all city ordinances and state laws regulating building construction. I further agree and understand that the City of Windsor Heights has not, by issuance of this permit, reviewed, nor does it make any representation concerning, any covenants or any restrictions where there by be covenants or other restrictions prohibiting the proposed.

SIGNATURE OF OWNER OR AUTHORIZED AGENT FOR OWNER

X _____

To schedule an inspection, please call 515-333-4161. A 24 hour notice is appreciated. **All sign permit materials must be submitted before reviewed.**

Payment Received Date: _____ Amount: \$ _____

WHEN APPROVED BELOW THIS BECOMES YOUR PERMIT

ISSUED BY: _____ DATE: _____

ZONING ADMINISTRATOR