



City of Bellevue
616 Poplar Street, 41073, (859) 431-8866, FAX (859) 261-8387
Sign Permit Application

SIGN TYPE: (Check all that apply) **FLAT** **WINDOW** **READER BOARD**
 AWNING **CANOPY** **PROJECTING**
 POLE **GROUND** **INDIVIDUAL LETTER**

1. Property Address: _____
2. Property Owner: _____
 Address: _____ Phone: _____
3. Sign Contractor: _____
 Phone: _____ Occupational License #: _____
4. Electrician: _____
 Phone: _____ Occupational License #: _____
5. **TOTAL ESTIMATED COST OF PROJECT (LABOR AND MATERIALS): \$** _____
6. The owner of this property and undersigned do hereby certify that the information and statements given on this application, drawings, and specifications are to the best of their knowledge, true and correct.

Signature of Applicant _____
 Address: _____
 Title: _____ Date: _____

In accordance with House Bill 1 of the 1996 Extra Session of the General Assembly, you are required to have Proof of Worker's Compensation insurance or a signed affidavit stating the individual is exempt from the state worker's compensation laws, prior to the issuance of the permit.

DO NOT WRITE BELOW THIS LINE [OFFICE USE]

APPROVAL AND FEES

1. **FEES:**

Zoning	\$ _____
Building	\$ _____
Other	\$ _____
Cert. Of Occupancy	\$ _____
 Total	 \$ _____
Fee Received	\$ _____

2. ZONE: _____

3. **CONDITIONS OF APPROVAL**

- 1 - Single Family (NEW) _____
- 2 - Multi-Family (NEW) _____
- 3 - Residential Addition _____
- 4 - New Business _____
- 5 - Business Remodel _____
- 6 - Garage _____
- 7 - Miscellaneous _____

ZONING ADMINISTRATOR DATE

BUILDING INSPECTOR DATE