CITY OF WOODBINE
517 WALKER STREET
WOODBINE, IOWA 51579

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SIGN PERMIT APPLICATION

APPLICATION DATE: _____ APPLICATION FEE: _____

JOB ADDRESS: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

OWNER: NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR: NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE # _____

TYPE OF SIGN: _____

HEIGHT ABOVE GRADE: _____

DIMENSIONS: _____

MATERIAL COST: _____

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE: _____ DATE: _____

CITY OFFICIAL SIGNATURE: _____ DATE: _____

APPROVED: _____
DENIED: _____ REASON: _____

PAID: (CASH OR CHECK) _____ CHECK # _____ DATE: _____

You can complete this form on your computer. If you use Outlook, clicking the button will open a new email window - simply attach this document and send it to lkoch@woodbineia.com . Otherwise, please print the completed form and return it to the City of Woodbine office.

EMAIL FORM