

111 West Franklin Street Bloomfield, Iowa 52537 Phone: 641-664-2260

Fax: 641-664-2445

Sign Permit Application

		Date
Address of Proposed Sign: _		
Owner's Name:		
Owner's Address:		
Owner's Phone Number:		
Owner's Email Address:		
Type of Sign: Check all that ap	oply.	
☐ On-Premises	☐ Off-Premises	
☐ Church/Service Club	☐ Municipal Recognition	☐ Other:
Lighting: <i>Check all that apply.</i> ☐ Internally Lighted ☐ Extended ☐ Extende	ernally Lighted □ No Lighting	□ Other:
Feet From Property Line To:	Must meet minimum requiremen	ts.
Front:	Back:	
Left Side:	Right Side:	
Dimensions of Structure:		
Total Square Footage of Stru	cture:	
Estimated Cost:		
City Zone Location:		
Reason for Sign:		

Version 03/25 1 of 2



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The person making the application should be familiar with the City's zoning ordinances.

Permit expires 90 days from date of approval. Project must be completed within two years. Permit must be posted on-site and visible from street.

Plat of Lot and Description

Give exact measurements of the lot, size, and location of the proposed building below. Show sizes and locations of other buildings, as well as streets and alleys. **Affidavit:** I certify that the above information is true and a correct description of the lot and proposed construction. Signature of Owner: Signature of Architect/Contractor: **FOR CITY USE ONLY** Approved By: _____ Date: _____

Version 03/25 2 of 2

Permit #: ______ Permit Fee: _____ Date Paid: _____