



Delaware County Sign Permit Application

Building Commissioner

Phone (765)747-7799

Permit #

Date Issued:

Please Print

Application Date:	Sidwell #	Township:
Property Address:		
Property Owner:	Telephone:	
Email Address:		

Type of Sign

<input type="radio"/> -Clustered Signs	<input type="radio"/> -Pole Sign
<input type="radio"/> -Ground Sign	<input type="radio"/> -Projecting Sign
<input type="radio"/> -Home Occupation	<input type="radio"/> -Roof Sign
<input type="radio"/> -Identification Sign	<input type="radio"/> -Wall Sign
<input type="radio"/> -Off Premise Sign	<input type="radio"/> -Temporary Sign (30 Days)
*Attach drawings of sign(s) to be installed and location	

Sign Installation Company Information

Company Name:	Contact Person:
Email Address:	Phone: Reg#
Electrical Contractor:	Reg #

Applicant Signature:	Date:
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FOR OFFICE USE ONLY

Building Commissioner Approval:	Date:
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Permit Fee:	Date Paid:	CH/CA/CC	Receipt#
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Inspection Remarks:	Date:

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OFFICE NOTES:	