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# Sign Permit Application Packet

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If you have any questions, please contact the South Sioux City Inspection Services Department.

**Inspection Services Department**  
**1615 1<sup>st</sup> Avenue**  
**S. Sioux City, Ne 68776**

**Phone: 402-494-7518**  
**Fax: 402-494-6215**  
[www.southsiouxcity.org](http://www.southsiouxcity.org)

Joe Conley  
Code Official

[Jconley@southsiouxcity.org](mailto:Jconley@southsiouxcity.org)

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Office: (402) 4947532

- Please include a picture or sketch of proposed sign, with the Permit Application and Fee.
- Please contact the Inspection Services Department at least 24 hours in advance, when requesting an inspection.

**Diggers Hotline 1-800-331-5666**

Call at least 48 hours in advance, when digging.

This handout was developed by the Inspection Services Department as a basic plan submittal. It is not intended to cover all circumstances. Check with your Building Department for additional requirements.

## APPLICATION FOR SIGN PERMIT

**Owner/s:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location**  
 Address: \_\_\_\_\_ Property ID #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Zoning: \_\_\_\_\_

**Legal Description:** Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Contractors:**  
**Sign Company :** \_\_\_\_\_ **Electrician:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Site Information:	Front Footage	Total Lineal Feet
<b>Existing Sign(s)</b>		
Wall Sign(s) _____	_____	Total Sq. Ft. Display Area
Projection Sign(s) _____	_____	Total Sq. Ft. Display Area
Pole Sign(s) _____	_____	Total Sq. Ft. Display Area
Under Canopy Sign(s) _____	_____	Total Sq. Ft. Display Area
_____	_____	Canopy Width
Other _____	_____	Total Sq Ft Display Area
<b>Proposed Sign(s)</b>		
Wall Sign(s) _____	_____	Total Sq. Ft. Display Area
Projection Sign(s) _____	_____	Total Sq. Ft. Display Area
Pole Sign(s) _____	_____	Total Sq. Ft. Display Area
Under Canopy Sign(s) _____	_____	Total Sq. Ft. Display Area
_____	_____	Canopy Width
Other _____	_____	Total Sq Ft Display Area

Is this sign in the "Design Review Committee" overlay district? Y N

**Project Information:**

**Type of Sign:** (Check all that apply)

- Pole Sign
- Fin Sign
- Wall Sign
- Ground Sign
- Roof Sign
- Projecting Sign
- Combination Sign
- Temporary Sign
- Electric Sign
- Remodeling Sign
- Residential Sign
- Canopy/Awning
- Marque
- Political Sign
- Other \_\_\_\_\_

**Sign Characteristics:**

Size of Sign: \_\_\_\_\_ sq. ft.  
 Area of Sign: \_\_\_\_\_ sq. ft.  
 Height of Top Edge: \_\_\_\_\_  
 Height of Bottom Edge: \_\_\_\_\_  
 Projection Over Street: \_\_\_\_\_  
 Projection Above Sidewalk or ROW \_\_\_\_\_  
 Height Above Roof: \_\_\_\_\_  
 Weight of Sign: \_\_\_\_\_ lbs.  
 Wind Load: \_\_\_\_\_  
 Materials Used: \_\_\_\_\_  
 \_\_\_\_\_  
 How Anchored: \_\_\_\_\_  
 \_\_\_\_\_

**Permit Fee:**  0 – 50 sq. ft. \$10.00  51- 100 sq. ft. \$15.00  
 101 – Plus sq. ft. \$20.00  Clocks \$10.00  
 Temporary Sign \$ 5.00  Remodeling Sign \$ 5.00  
 Canopy/Awning \$ 5.00

**Signature:** I hereby acknowledge that I have read this application, that it is correct, and agree to comply with all city ordinances and state laws regulating signs and billboards.

\_\_\_\_\_  
 (Signature) (Print Name) Date \_\_\_\_\_

**NOTE:** To avoid delays in processing this application please make sure all information is completed. Incomplete applications will be returned. Plans and drawings must be submitted with application before permit approval.

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_ Building Inspector: \_\_\_\_\_