

Building Department
 222 N Chauncey Ave.
 West Lafayette, IN 47906
 765-775-5130
building@westlafayette.in.gov



TEMPORARY SIGN PERMIT

Application #: _____

SIGN LOCATION: _____
ADDRESS OF CONSTRUCTION SITE BUSINESS NAME

LOT NUMBER SUBDIVISION PARCEL NUMBER

OWNER: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

CONTACT/CONTRACTOR: _____
NAME PHONE EMAIL

STREET CITY STATE ZIP

- A. Type of Sign:**
- Portable
 - Banner
 - Free-Standing
 - Other (specify) _____

- D. Size of Sign:**
- Height: _____
- Width: _____
- Overall height from grade: _____

B. Dates of Usage:
 Start Date: _____ End Date: _____

- E. Sign Placement:**
- On-Building
 - Free-Standing:
- Proposed set-back from property line: _____

- C. Illuminated:**
- No
 - Yes (Inspection Required)

- No Temporary sign shall be maintained on-premises for more than 30 days within any 90-day period.
- No more than four (4) permits shall be issued within any 12 month period.
- No temporary sign shall be placed so as to obscure an entrance to, or an exit from, a public right-of-way.
- No temporary sign shall be placed on any sidewalk or within any public right-of-way.
- The temporary sign must be set back from the right-of-way a minimum of five (5) feet or by the total height of the sign, whichever is greater.
- No sign shall be attached to a tree or utility pole.
- No flashing, intermittent or animated illumination shall be used on the temporary sign or its supporting structure.
- Any temporary sign using electricity for illumination shall be properly connected in accordance to the Indiana Electrical Code, 2008 Edition, based on the National Electrical Code, 2008 Edition.

USER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS TEMPORARY SIGN WILL BE USED FOR ON-PREMISES BUSINESS ADVERTISING IN ACCORDANCE WITH THE UNIFIED ZONING ORDINANCE OF TIPPECANOE COUNTY, INDIANA

OWNER/OWNER'S AGENT (Please type or print) SIGNATURE DATE
FOR OFFICE USE ONLY

Date Received: _____ Permit Number: _____

Ending date of last temporary sign: _____ Fees/Fines: _____ **TOTAL:** _____

Permit Approval: _____ Approval Date: _____
Authorized Signature

Conditions: _____

PERMIT NUMBER: _____