



**Metropolitan
Area Building &
Construction
Department**

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

STREET ADDRESS BLDG / SUITE ZIP CODE SECONDARY ADDRESS (and/or LEGAL)

CONTRACTOR LICENSE # PHONE # FAX # SALESPERSON

Business Name _____ On Site ___ Off Site ___ BZA/CUP/PUD/CU # _____

Non Conforming: Yes ___ No ___ Zoning District _____ Adjustment or Variance (include copy): Yes ___ No ___ (Include Copy)

TYPES OF SIGN: 1. NEW ___ 2. COPY ___ 3. Ground ___ 4. Pole ___ 5. Projecting ___ 6. Wall ___ 7. Real Estate ___ 8. Project Title ___ 9. Off Site ___

ILLUMINATION: Yes ___ No ___ **INSTALLATION METHOD:** Listed _____ Approved _____

TYPES	HEIGHT (in feet)	WIDTH (in feet)	Number of FACES	Total AREA	MATERIAL	NOTATIONS/PERMIT #	ILLUMINATED Y/N

Calculation of Fees: Area _____ sq. ft. / 10 = _____ x \$ per sq. ft. = _____ + _____ = \$ _____
\$25.00BASE (per sign)

Total number of signs: _____ **Total height of each ground or pole sign:** _____ **Tenant type:** multi _____ single _____
 (If giving up rights to additional signs to get extra height, please note here: 1 sign = 5' _____ 2 signs = 10' _____)

Total wall elevation square footage for sign #1 _____ **Height of wall sign** _____ **Location of Sign:** *North, South, East, West, N/E, N/W, S/E, S/W*
Total wall elevation square footage for sign #2 _____ **Height of wall sign** _____ **Location of Sign:** *North, South, East, West, N/E, N/W, S/E, S/W*
Total wall elevation square footage for sign #3 _____ **Height of wall sign** _____ **Location of Sign:** *North, South, East, West, N/E, N/W, S/E, S/W*
Total wall elevation square footage for sign #4 _____ **Height of wall sign** _____ **Location of Sign:** *North, South, East, West, N/E, N/W, S/E, S/W*
Total wall elevation square footage for sign #5 _____ **Height of wall sign** _____ **Location of Sign:** *North, South, East, West, N/E, N/W, S/E, S/W*

- Is surfaced parking area required between building(s) Yes ___ No ___
- Total linear feet of frontage for pole sign _____
- If corner sign, linear feet of 2nd street frontage used for calculation _____
- Separation required by code for pole signs: 150' _____ 75' _____

OFF SITE SIGN INFOMATION

- Direction of travel for signs faces: (*North, South, East, West, N/E, N/W, S/E, S/W*)
- If off site sign; give linear feet of commercial zoning for mile _____
- Distance from nearest adjacent Off Site sign _____
- Number of other existing off site signs in mile for consideration _____

OFFICE USE ONLY

Faxed ___ Mailed ___ E-Mailed ___ Hand carried ___ Date Received _____ Date Faxed Back _____

Application approved _____ By: _____ Date _____

Application disapproved _____ Reason: _____

Site Plan: Locate signs and street name (In City of Wichita, Refer to Ordinances 24.04.200 - [driveways] & 24.04.220 [T] [intersections]). Include all existing sign locations, distances, separations, square footages, etc.

FAILURE TO SHOW ALL REQUIRED MEASUREMENTS AND INFORMATION SHALL BE CAUSE TO REJECT THIS PERMIT APPLICATION

Please number the signs to match information on front

								↑N

Sign Design (dimensions, height from ground to lower edge of sign)

Scale: _____

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 federal, state, or local law regulating construction or the performance of construction.

Signature

Date

OFFICE USE ONLY

Final Inspection by _____

Date _____