Wichita-Sedgwick County
Metropolitan Area Building and Construction Department

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 # ___________________________

(Include Copy)

Non Conforming:  Yes ___     No ____   Zoning District ______________________Adjustment or Variance (include copy):  Yes ___   No ___


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<tr>
<th>TYPES</th>
<th>HEIGHT (in feet)</th>
<th>WIDTH (in feet)</th>
<th>Number of FACES</th>
<th>Total AREA</th>
<th>MATERIAL</th>
<th>NOTATIONS/PERMIT #</th>
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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

2. Is surfaced parking area required between building(s) Yes ____No ____

3. Total linear feet of frontage for pole sign ___________________

4. If corner sign, linear feet of 2nd street frontage used for calculation __________________

5. Separation required by code for pole signs: 150’ _____ 75’ _______

OFF SITE SIGN INFORMATION

6. Direction of travel for signs faces: (North, South, East, West, N/E, N/W, S/E, S/W)

7. If off site sign; give linear feet of commercial zoning for mile __________________________

8. Distance from nearest adjacent Off Site sign __________________________

9. 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: ______________________________

MABCD 6/13
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

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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 ___________________________