



Code Compliance Office
City Hall
De Soto, IA 50069
(515) 834-2233
(515) 834-2131 FAX

SIGN PERMIT APPLICATION

BUILDING ADDRESS _____
DATE OF APPLICATION _____

CONTRACTOR NAME AND ADDRESS _____

CONTRACTOR PHONE NUMBER _____

OWNER NAME AND ADDRESS _____

Type of Sign:

- Fascia
- Roof
- Other
- Projecting
- Monument
- Marquee
- Temporary

Description of Proposed Sign (lighted, special features, etc.) _____

Attach the following:

- 1) Site plan indicating building and proposed sign location
- 2) For Fascia signs: Elevation drawing indicating proposed sign placement on structure, including the lineal footage of the building front
- 3) Drawing of proposed sign, including all dimensions
- 4) Written permission from building owner to build/place sign as submitted

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I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATION BUILDING CONSTRUCTION.

Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
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FOR OFFICE USE ONLY

Valuation _____	Permit Fee	\$ _____
Sign Sq. Ft. _____	Permit No.	_____
	Date Permit Issued	_____ *

Approved by _____ Date _____

***Permit void 90 days from date of issue**