Application for Sign Permit -Cadiz Trigg County Planning Commission

Date received:	Application No
Applicant's Name:	Phone(s):
Business Owner's Name:	Phone(s):
Address:	
Contractor/Installer:	Phone(s):
Address:	
Contractor's business license - Cadiz/Trigg Cou	unty:
Contractor's Workman's Comp. & Lia. Insurance	e (Carrier/Expiration):
Address of Proposed Sign:	
Name of business:	
	
List size & type of Existing Sign(s)	
Comments:	
sign(s), both existing and proposed, on the pro	, size and height; also include a site plan showing location of all perty, including accurate measurements from the property lines to
all free standing signs. In addition, if applying the sign shall be attached and its proposed dis	for a wall sign, include the area of the face of the building to which tance.
	provided herein is both complete and accurate to the best of my ny inaccuracies may be considered as just cause for invalidation of plication.
Applicant's Signature:	ne side) \$ 50 33 - 50 sq. ft. \$100 Over 50 sq. ft. \$150
Date Paid: Date permit Issued:	
Condition(s) (if any):	
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Signed: