



CITY OF IOLA SIGN PERMIT APPLICATION FORM

Applications Will Not Be Processed Until All Requested Information Has Been Provided

Permit No. _____

Job Address _____

Business Name _____ Phone Number _____

Business Owner Name _____ Phone Number _____

Type of Work: ☐ Erect New Sign ☐ Repair or Modify Existing Sign

Contractor _____ Phone _____ License Number _____

Setbacks Provided _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Estimated Value \$ _____

Sign Type: ☐ Monument/Ground ☐ Pole ☐ Wall ☐ Marquee ☐ Awning/Canopy ☐ Billboard ☐ Other

Sign Size: Height (in inches) _____ Width (in inches) _____ Weight _____ Area of Sign _____ Square Ft. _____
(H x W) / 144)

*Wall Size: Height (in inches) _____ Width (in inches) _____
*only required if applying for wall sign permit

Sign Height: _____ ft. (ground to top of sign) Sign Clearance: _____ ft. (ground to bottom of sign – pole, awning/marquee signs only)

Sign Materials: _____

Illumination: ☐ Fluorescent ☐ Neon ☐ Spot/Flood ☐ Other _____

STAFF USE ONLY

Zoning District _____

Setbacks Required _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Maximum Size: _____ sq. ft.

Maximum Height: _____ feet

Permit Application Requirements:

☐ Drawing showing location and sign dimensions ☐ Site Plan Drawing ☐ Color rendering of sign

I hereby affirm that the above statements are true and correct and also agree to comply with all provisions of the building code, City of Iola Unified Development Code and other applicable ordinances or laws.

Applicant Signature _____ Date _____

Permission for described work is granted by: _____ FEE \$ _____

Building Inspector Signature _____ Date _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED.

CITY OF IOLA
2 W. JACKSON • P.O. BOX 308
IOLA, KANSAS 66749
Phone (620) 365-4903 Fax (620) 365-4918
Rev 1/18