

SIGN PERMIT APPLICATION

TOWN OF DALEVILLE

Date: _____ Parcel Number: _____ Permit #: _____

Job Address: _____

Property Owner's Name: _____

Property Owner's Phone: _____ Property Owner's Email: _____

Type of Property (Choose One): Residential Business Industrial

General Description of Work: _____

Estimated Completion Date: _____ Estimated Cost: _____

CONTRACTORS PERFORMING THE WORK (OR WRITE OWNER IF APPLICABLE)

Contractor Name: _____ Telephone: _____

Contractor Address: _____

Contractor E-Mail: _____

Applicant Signature: _____ Date: _____

[FOR OFFICE USE ONLY]

Sign Ordinance Compliance Checklist Completed: Yes No Incomplete

Bldg Commissioner Approval: _____ Date: _____

Permit Cost: \$ _____ Receipt #: _____

INSPECTIONS / NOTES / VIOLATIONS

Administrative Use Only

- Ordinance compliant
- Variance required
- BZA referral
- Additional info requested



(765)378-6288

14421 W. Main Street
PO Box 567
Daleville, IN 47334

www.dalevilleindiana.org

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DALEVILLE SIGN PERMIT – SIGN ORDINANCE COMPLIANCE CHECKLIST

*This form must be completed and submitted with a sign permit application.
It is intended to verify compliance with the Daleville Comprehensive Zoning Ordinance (2021), Article XXX – Signage and Outdoor Advertising.*

Property Address: _____

Business / Development Name: _____

Zoning District: Residence Business Industrial

Type of Sign (check all that apply):

- Ground / Monument Sign
- Pole / Pylon Sign
- Wall / Building-Mounted Sign
- Multi-tenant / Cluster Sign
- Temporary Sign (if allowed)

ON-PREMISE VS. OFF-PREMISE

Does this sign advertise a business, service, or activity **located on the same property?**

Yes (On-Premise Sign) No (Off-Premise Sign)

If **off-premise**, distance to nearest off-premise sign (feet): _____
(Minimum separation: 1,000 feet)

SIGN DIMENSIONS & HEIGHT

Overall sign height (ground to top of sign, in feet): _____
(Maximum allowed: 45 feet)

Distance from road right-of-way to sign (feet): _____

Based on setback distance, does the sign comply with the **imaginary plane requirement** (0.9 slope)?

Yes No Not Applicable (multi-tenant/cluster sign)

If a **multi-tenant/cluster sign**, number of uses served: _____



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GREENBELT & LOCATION RESTRICTIONS

Is the sign located within a required greenbelt area? Yes No

If **yes**, confirm the following:

- Sign is an **on-premise ground sign only**
- Only **one sign** exists or is proposed for the property
- Sign is **not temporary** (no banners, wheeled signs, or portable signs)

LIGHTING & ILLUMINATION

Is the sign illuminated? Yes No

If **yes**, type of lighting (check all that apply):

- Internal illumination
- External / ground-mounted lighting
- Halo / backlit

Lighting certification (check all):

- Lighting is shielded and directed away from roadways
- Lighting does not create glare or traffic distraction
- Lighting does not negatively impact nearby residential uses

VISIBILITY & TRAFFIC SAFETY

Does the sign comply with **intersection and driveway visibility standards** (no obstruction between 3–10 feet in height)?

- Yes No Not Applicable

Is the sign located near a **state highway**?

- Yes No

(If yes, State of Indiana clear-zone standards apply)

RESIDENTIAL ZONE (IF APPLICABLE)

Is this sign associated with a **home occupation**? Yes No

If **yes**, confirm all apply (*options continued on next page*):

- One sign only
- Maximum size: **1 square foot**



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- Non-illuminated
- Mounted flat against dwelling wall

NONCONFORMING SIGN STATUS

Is this an existing sign being modified or replaced? Yes No

If **yes**, will **50% or more** of the sign structure or sign face be replaced?

- Yes No

(If yes, full compliance with current ordinance is required unless a variance is approved.)

VARIANCE REVIEW (APPLICANT ACKNOWLEDGMENT)

Based on the information provided:

- The proposed sign **complies with all ordinance requirements**
- The proposed sign **may require a variance or Board of Zoning Appeals review**

If variance is requested, briefly explain:

DECISION SUMMARY (COMPLETED BY APPLICANT)

Based on the information provided above, the applicant believes the proposed sign is:

- Compliant – Eligible for Approval by Staff**
- Potentially Non-Compliant – Variance Likely Required**
- Unsure – Requesting Staff Determination**

Brief explanation (if not compliant or unsure): _____

APPLICANT CERTIFICATION

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that inaccurate or incomplete information may result in permit denial or revocation.

Applicant Name (print): _____

Signature: _____ **Date:** _____

