



SIGN PERMIT APPLICATION (FASCIA SIGN)

FEE \$2.50 per square foot or minimum of \$50.00

Date: _____

BUSINESS INFORMATION			
NAME OF BUSINESS			
ADDRESS OF BUSINESS (WHERE SIGN WILL BE LOCATED)			
PHONE NUMBER OF BUSINESS			
PVA PARCEL IDENTIFICATION NUMBER		PROPERTY ZONING	
APPLICANT INFORMATION			
NAME(S)			
ADDRESS, CITY, STATE, ZIP			
DAYTIME TELEPHONE ()	FAX NUMBER ()	E-MAIL	
SIGN COMPANY INFORMATION			
NAME OF SIGN COMPANY			
ADDRESS, CITY, STATE, ZIP			
DAYTIME TELEPHONE ()	FAX NUMBER ()	E-MAIL	
DESIGNATED CONTACT PERSON		DAYTIME TELEPHONE ()	
FASCIA SIGN INFORMATION			
Size of Sign: (square feet)	Dimensions of Sign:	Linear footage of building or leased space	Value of Sign:
Size of 2 nd Sign (if Permitted)	Dimensions of Sign:	Linear footage of building or leased space	Value of Sign:
Jurisdiction: Shelbyville Simpsonville Shelby County		Is the property within the BEQ Overlay District: Yes / No	
Illumination: Internal External LED None		Is the property within the Historic District: Yes / No	
Is this replacing/refacing an existing fascia sign: Yes / No * If yes, indicate the square footage of the existing sign:			
Are there any other fascia signs located on the building or lease space: Yes No * If yes, indicate the number and square footage of each sign:			

ZONING REQUIREMENT

1. Refer to Article XI of the Applicable Zoning Regulations for sign requirements.
2. Refer to Article VI, Sections 692 – 694 & 697 of the Shelbyville Zoning Regulations for additional sign requirements.
3. Refer to Article VI, Section 679 of the Simpsonville Zoning Regulations for additional sign requirements.
4. Refer to Article XIX of the Applicable Zoning Regulations for BEQ Overlay District requirements.

The following support documentation and fees must be submitted with completed & signed application

1. Drawing of the sign shown on the building or leased space.
2. Drawing of the sign with dimensions shown.
3. A photo of the existing sign(s) is required if replacing/refacing an existing sign.
4. If the property is located in the Shelbyville Historic District, an approved Certificate of Appropriateness (COA) from the Historic District Commission (502-844-2277) is required.
5. Application fee, non-refundable, payable to Triple S Planning Commission.

CERTIFICATION & SIGNATURE

I (We) affirm that the submitted sign application was prepared at my (our) direction, and I (we) hereby consent to the proposed layout and signage. I (We) hereby agree to comply with all applicable Zoning and Subdivision Regulations, pay all applicable fees, and provide any and all requested information and copies. I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Signature of Applicant _____ Date _____

Signature of Owner: _____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	
FILING FEE AMOUNT	CHECK #	CASH
ZONING BEQ	APPROVED BY	