****APPLICATION ONLY – APPROVAL REQUIRED****

P.O. Box 295
1609 E. Central Ave.
Andover, KS 67002
Phone: (316)733-1303 ext. 422
Fax: (316)733-4634

SIGN PERMIT
City of Andover, Kansas
Department of Building Inspection

Date:_____

Job Address:_____

Owner Name, Address & Phone:_____

Contractor Name, Address & Phone:_____

Installation Date:_____

Use of Building: Residential Commercial Industrial

Class of Work: New Addition Alteration Major Repair

Special Conditions:

Permit Fee: **$20.00** per sign

* Show plot plan on a separate piece of paper.

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I hereby certify and know that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ _____
Signature of Contractor Date Building Official Date

_____ _____
Signature of Owner (if builder) Date Director of Public Works Date