

City of Flemingsburg

P.O Box 406

Flemingsburg, Kentucky 41041

(606) 845-5951

Fax (606) 845-0712

Sign Permit Application

INSTRUCTIONS TO APPLICANT: This application must be completed in full. The owner, the contractor or any person authorized by the owner may complete the application. If the applicant is not the owner, the owner must sign the "Certification of Authorization" on page 2.

The **Codes Enforcement Officer** will visit the site for inspection after the sign has been installed, to make sure placement is in compliance with Zoning regulations and set back requirements. It is the responsibility of the applicant/owner to notify the inspector for this inspection. It is advisable for the applicant/owner to meet with the inspector before acquiring building.

Before the Sign Permit will be issued, you must submit the following:

1. A detailed site plan, or "plot plan", showing the shape and dimensions of the lot or lots, all existing or proposed structures, the distances between all structures and the property lines, the location of driveways, utility services, easements, manholes, or any other pertinent information.
2. The permit fee, which is calculated by size of the sign must be paid in full.

In 1990, the General Assembly of Kentucky adopted a new state law, which requires all contractors and subcontractors to provide assurance that Kentucky's Workers Compensation and Unemployment Insurance will be complied with before a permit will be issued. The "Contractor's Affidavit" on page 4 must be signed before the permit will be issued. The applicant would be well advised to assure himself/herself that these laws will be complied with.

The City of Flemingsburg requires all contractors and subcontractors to purchase a City Occupational License. In event the City discovers any contractor is working without a license, the sign permit can be revoked and a **Stop Work Order** issued.

I hereby certify that all information contained in this application and any attachments hereto are true and accurate, and that any misrepresentation or misstatement of facts shall be grounds for denial or revocation of the permit. I also will be responsible for making sure that all applicable codes and/or ordinances will be complied with, including but not limited to The Kentucky Building Codes, Kentucky Plumbing Code, National Electrical Code, and Code or Ordinances for the City of Flemingsburg.

Applicant Signature

Date

Certification of Authorization: I hereby certify that I am owner of record of the property described in this application, and that I authorize _____ to act as my agent in making this application.

Property Owner Signature

Date

Location:

Address _____

Zoning classification _____

Applicant:

Name _____ Phone _____

Address _____

owner tenant other _____

Property owner:

Name _____ Phone _____

Address _____

General Contractor:

Name _____ Phone _____

Address _____

Permit Type: Residential Commercial Other _____

Type of Sign: fascia free standing projecting
 lamp post bill board electronic message board
 other _____

Dimensions:

Size of sign _____ ft. x _____ ft.

Sign area _____ sq. ft.

Height of sign _____ ft. Clearance _____ ft.

Setback from street right-of-way _____ ft.

Setback from buildings _____ ft.

Setback from property line(s) _____ ft.

Illumination: none neon external internal
 other _____

Sign Permit Fees:

| | | |
|--------------|------------------|----------|
| On-premises | 0 – 50 sq. ft. | \$35.00 |
| Off-premises | 0 – 50 sq. ft. | \$75.00 |
| On-premises | 51 – 100 sq. ft. | \$100.00 |
| Off-premises | 51 – 100 sq. ft. | \$225.00 |

For Office Use Only:

Application No. _____ Permit No. _____

Date Approved _____ Date Disapproved _____

By _____

Application Fee Paid \$ _____

Contractors Affidavit

I _____ hereby state, pursuant to KRS 198B.060(10)
print name
all contractors and subcontractors employed on any activity covered by this permit shall
be in compliance with the Commonwealth of Kentucky requirements for Workers
Compensation Insurance (according to KRS Ch. 342) and Unemployment Insurance
(according to KRS Ch. 341).

This the _____ day of _____, 20_____.

applicant signature

Subscribed And Sworn to before me by _____, applicant,

this the _____ day of _____, 20_____.

Notary Public, State at Large
My commission expires _____