



FOR OFFICE USE ONLY	
Permit Number: _____	Date Paid: _____
Value of Improvement: _____	Fee Paid: Cash \$ _____
Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Check \$ _____ # _____
Present Zoning: AGR, R-1, R-2, R-3, C-1, C-2, I, F-1, PUD-1	Initial: _____

**APPLICATION FOR SIGN PERMIT
GIBBON, NEBRASKA**

Fill in the following information as accurately and completely as possible. A complete, and current, copy of the City of Gibbon's Zoning Regulations is available at City Hall. This application is not acceptable unless all required information is furnished. Application must be submitted to City Hall by noon on Friday, prior to scheduled Planning Commission Meeting. Planning Commission is scheduled to meet the second Monday of each month. Please print.

Starting any portion of improvements before permit is approved by designated representative is considered a Violation of the Zoning Ordinance.

Penalty for Violation of Zoning Ordinance: A fine of one hundred dollars (\$100) for any one offense, recoverable with costs, or punishment in the County Jail for a term not to exceed thirty (30) days, shall be administered. Each and every day that such violation continues after notification shall constitute a separate offense.

INSTALLER MUST CALL WHEN READY FOR INSPECTIONS.

Installer: _____ Phone Number: _____
 Address: _____ Email: _____

INSTALLATION SITE DETAILS

Address of Sign Installation Site: _____
(if no address exists, one must be issued from the City of Gibbon.)

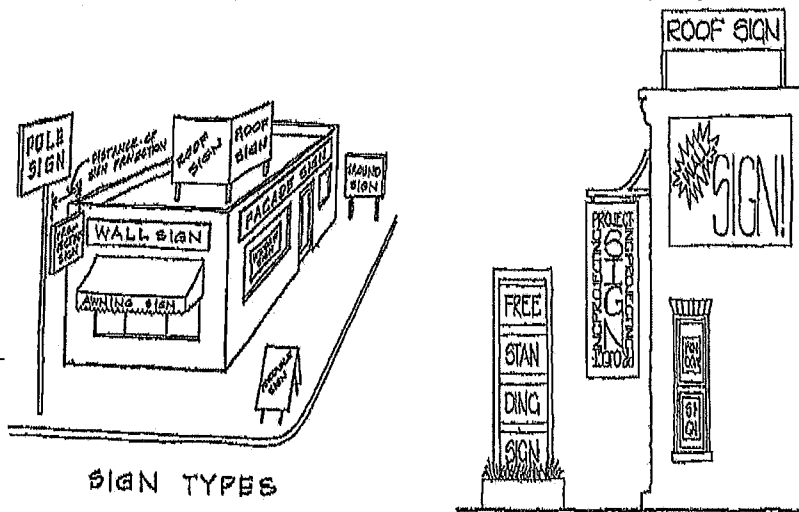
Property Owner: _____ Phone Number: _____
 Owner's Address: _____ Email: _____

SIGNAGE DESIGN DETAILS

Zoning District: _____ Permitted Use Conditional Use Temporary Use

Type of Sign:

- Awning Sign
- Double Face Sign
- Facade Sign
- Free Standing Sign
- Ground Sign
- Pole Sign
- Projecting Sign
- Roof Sign
- Wall Sign
- Window Sign
- Other: _____



Source: *The Illustrated Book of Development Definitions*, (Maskowitz, Harvey and Carl Lindbloom, 1995).

State Highway:

- Yes
- No

Surface Area (square feet): _____ Material: _____
 Height: _____ Illuminated: Yes, type: _____
 Estimated Project Cost: _____ No
 Approximate Dates for Construction: Start: _____ Finish: _____

SETBACK INSPECTION

Contact Gibbon City Hall at 308.468.6118 to schedule required setback inspection. Please allow up to two (2) business days for scheduling.

Date of Inspection: _____ Name of Inspector: _____

Approval Signature: _____

PROPOSED SIGNAGE AND LAYOUT

Include the following requirements in the box below or as an attached drawing. Proposed signage must conform with the City of Gibbon's Zoning Regulations. This does not need to be drawn to scale.

- Location and dimensions of lot lines, present buildings, proposed signage, and other proposed improvements on the lot.
- Impacts on Public Right-of-Way and Dedicated Easements.
- Dimensions of proposed signage (height, length, width, surface area).
- Distances from signage to lot lines, existing buildings, and other proposed improvements.
- Any other reasonable and pertinent information as may be required by the Zoning Administrator (Reference Section 8.9 of Zoning Regulations):

APPLICATION VERIFICATION

The above requested information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement, or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of this permit, shall constitute sufficient grounds for the revocation of this permit. This permit is valid for one (1) year from the final approval date. By this signature, the Zoning Administrator, or designated representative, is authorized to enter upon the property described for the purpose of inspection.

Signature of Applicant: _____

Printed Name: _____ Date: _____

ADDITIONAL REQUIREMENTS FOR SUBMITTAL

- Call Diggers Hot Line to locate all utilities: *811 or 800-331-5666
- Attach Other: _____

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Disapproved (Date: _____) Recommendations before approval: _____

Approved (Date: _____) Signature: _____
Title: _____