



CITY OF CARMEL, INDIANA SIGN PERMIT APPLICATION

Please complete form and email to ashalit@carmel.in.gov.

If you have any questions, please call the Department of Community Services at (317) 571-2417.

PERMIT NUMBER

S-2025-

Office use only

1. SIGN

SIGN COPY: _____

SIGN ADDRESS: _____

SIGN STATUS: ☐ New ☐ Existing SIGN TYPE: ☐ Residential ☐ Commercial

SIGN TYPE: ☐ Wall ☐ Ground ☐ Canopy ☐ Blade ☐ Projection ☐ Secondary Projection
☐ Awning ☐ Suspended

SIGN DURATION: ☐ Permanent ☐ Temporary (*See #7 Disclaimers, pg. 3)

SIGN AREA DIMENSIONS (H x W): _____ TOTAL SIGN AREA SQ. FT.: _____

TOTAL PERMISSIBLE SIGN AREA (sq. ft.): _____

WALL MOUNTED SIGNS: Spandrel Panel Dimensions (H x W): _____

SIGN DIMENSION AS A % OF SPANDREL PANEL (%H x %W): _____

HEIGHT OF SIGN FROM GROUND: _____ NUMBER OF SIDES: _____

(Wall sign: measure to bottom of sign. Ground sign: measure to top of sign)

BUILDING / TENANT SPACE FRONTAGE: _____

SIGN DISTANCE FROM NEAREST R.O.W.: _____

(R.O.W. stands for Right of Way. The inside edge of sidewalk is often the end of the R.O.W.

- City's property - and a good spot to measure from.)

LAND ACREAGE: _____

(Applies only to Temporary signs)

SIGN FACE COLOR(S): _____

ILLUMINATION METHOD: ☐ Internal ☐ Reverse-Lit/halo ☐ External ☐ None ☐ Other

BUILDING TYPE: ☐ Commercial ☐ Residential ☐ Mixed-Use ☐ Institutional ☐ Other

IDENTIFY ANY EXISTING SIGNS ON SITE: _____

NAME OF THE PREVIOUS TENANT (if applicable): _____

SHOPPING CENTER OR COMPLEX NAME: _____

2. ZONING

PARCEL ID: _____ ZONING DISTRICT: _____ OVERLAY ZONE: _____

PRIOR APPROVALS:

P.C. Docket #: _____

B.Z.A. Docket #: _____ Building Permit#: _____

3. APPLICANT

NAME OF BUSINESS*: _____ PHONE: _____

(*Entity identified on the sign)

CONTACT PERSON: _____ CONTACT EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER: _____ PHONE: _____

CONTACT PERSON: _____ CONTACT EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

The undersigned certifies that the foregoing signatures, statements, and answers herein contained and the information herewith submitted are in all respects true and correct, and this sign will be erected and maintained in accordance with all applicable laws of the State of Indiana, and the zoning ordinance of Carmel/Clay Township, Indiana and all acts amendatory thereto, and shall be erected within six (6) months of the date of issuance or this permit is null and void.***

Further, the undersigned certifies by signing this application that all representatives of the Department of Community Services are advisory.

PROPERTY OWNER'S SIGNATURE** & BUSINESS OWNER'S SIGNATURE**

PROPERTY OWNER'S NAME (please print) & BUSINESS OWNER'S NAME (please print)

***If it is not possible for signatures on this page, a letter on company letterhead or an email with a company signature block approving the signage will be accepted.*

*** See Section 7. DISCLAIMERS

4. SIGN COMPANY/OWNER'S REPRESENTATIVE

COMPANY NAME: _____ CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

ESTIMATED INSTALL DATE: _____

Please select one of the options below:

☐ I certify that a picture of this sign will be submitted to the Department of Community Services within one (2) weeks after erection of the sign. An inspection fee of \$165.25 will be applied if certification photo is not received as stated under this option.

OR

☐ I would prefer a \$165.25 inspection fee be added to the cost of this permit to cover the cost of the staff of the Department of Community Services taking this picture.

5. FEES (COMPLETED BY DOCS STAFF)

ADMINISTRATIVE ADLS AMENDMENT: _____

SIGN PERMIT APPLICATION FEE: _____

SIGN ERECTION: _____

INSPECTION FEE: _____

(Required if photography not provided or not received as agreed to)

TOTAL FEE: _____

PERMIT ISSUED ON: _____ FEE RECEIVED ON: _____

6. DEPARTMENT CONDITIONS (COMPLETED BY DOCS STAFF IF APPLICABLE)

The following items listed below are concern by staff or prior commitments that must be adhered to as a condition of the issuance of this permit. Please initial each item individually if applicable:

1) x _____

2) x _____

7. DISCLAIMERS

APPLICANT, PLEASE NOTE THE FOLLOWING:

PERMANENT SIGNS:

- If the sign in this application is a permanent sign, this sign permit is approved for this location only.
- If the applicant relocated to a new location at a future date/time, a new sign permit is required for the new location. All fees apply.

TEMPORARY SIGNS:

- If the sign in this application is a temporary sign, this sign permit expires either when the construction has been completed. For Temporary Sign Permits attached to a Temporary Use Permit, the sign permit expires at the same time Temporary Use Permit expires.
- If the sign in this application is for an Interim Banner or sign pending a permanent sign, it is approved for a three (3) month period from the date of permit approval. A sign permit is required. It may be renewed for an additional three (3) months with a permit by re-applying. All fees apply.

8. CITY CONTACT

PLEASE DIRECT ANY SIGN QUESTIONS TO THE DEPARTMENT OF COMMUNITY SERVICES (DOCS):

ALIZA SHALIT
CITY OF CARMEL DOCS
1 CIVIC SQUARE
CARMEL, IN 46032

Or call at 317-571-2417, email at ashalit@carmel.in.gov

