

Return Form to:

Zoning Administrator
City of Chanute
101 S. Lincoln
Chanute, KS 66720

(620) 431-5200
Fax: (620) 431-5209

City of Chanute, Kansas

SIGN PERMIT

For Office Use Only

Case No: _____

Filing Fee: _____

Deposit: _____

Date Filed: _____

Applicant Name:

Phone:

Address:

Zip:

Owner Name:

Phone:

Address:

Zip:

Parcel Zoning:

Location of Proposed Sign and all Easements and Right-of-Ways:

Height of Proposed Sign:

Proposed Outline of the Sign in Square Feet:

Will the Sign be Illuminated: Yes No

For all Existing Businesses List and Show all Existing Signs:

Sketch of Proposed Sign Attached (Required): Yes No

Present Use of Property:

Signature: _____ **Date:** _____

By: _____ **Title:** _____