



City of Aurora
 P.O. Box 158
 Third & Main Streets
 Aurora, IN 47001
 812-926-1777
 Fax 812-926-0838
www.aurora.in.us

**Planning, Zoning, &
 Code Enforcement**
 165 Mary Street
 Lawrenceburg, IN 47025
 812-537-8821
 Fax 812-532-2029
dearborncounty.org

Sign Application

Permit No. _____

Receipt No. _____

PERMIT TYPE Permanent Sign Temporary Sign

Applicant / Contractor Information

***Provide preferred method of contact*

Name:	Phone No.	Email
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SITE INFORMATION

***Provide preferred method of contact*

Property Owner:	Phone No	Email
Mailing Address:	City:	Zip:
Site Address:	Sec,	Twp (#) () Rng: Acreage:
Parcel No.	Zoning	Subdivision Lot:

SIGN DESCRIPTION

Sign Type	<input type="checkbox"/> Wall (mounted parallel with building)	<input type="checkbox"/> Projecting (mounted perpendicular with building)	<input type="checkbox"/> Free Standing/ Monument	<input type="checkbox"/> Awning / Canopy
Materials of Exposed Surfaces (check all that apply)	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Stone / Brick / Concrete	Dimensions: ' - " x ' - "
	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Glass	<input type="checkbox"/> Other _____	
Illumination	<input type="checkbox"/> Not Illuminated	<input type="checkbox"/> Externally Illuminated	<input type="checkbox"/> Internally Illuminated	<input type="checkbox"/> Electronic Message Board (LED, etc.)

FLOOD HAZARD

Is property within a Special Flood Hazard Area (SFHAs)?	<input type="checkbox"/> Yes	Is project within 100 feet of a Special Flood Hazard Area (SFHAs)?	<input type="checkbox"/> Yes	Is project within the Best Available Data Flood Map?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No
FIRM Map No.	Base Flood Elevation:				

Staff Comments / Conditions of Approval:

Required	Additional Approval	Received
	Encroachment Permit	
	Certificate of Appropriateness (Historic Preservation Comm)	
	BZA (variance)	
	State (e.g. Flood)	

As applicant, I understand that this application and accompanied plans are submitted in accordance with the City of Aurora Code of Ordinances, including the Zoning Ordinance and Subdivision Control Ordinance. I understand that I have no more than ninety (90) days to complete this permit request and acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for City staff to enter onto the premises to inspect this site to process and complete this permit request.

X

 Applicant's Signature Date

X

 Planning Official's Signature Date