



Department of Planning and Economic Development

4525 Indianapolis Boulevard, City Hall Lower Level, East Chicago, Indiana 46312
Telephone: (219) 391-8205; Fax: (219) 391-8522; www.eastchicago.com

2020 SIGN APPLICATION (Solicitud para un Letrero)

Date of Application

(Fecha de Solicitud): _____

Name of Applicant

(Nombre de Solicitante): _____

Address (Domicilio): _____

City, State, Zip Code

(Ciudad, Estado, Código Postal): _____

Cell (Celular): _____

Business (Negocio): _____

Home (Casa): _____

Email (Correo Electrónico): _____

BUSINESS INFORMATION (INFORMACIÓN SOBRE EL NEGOCIO):

Check all that apply (Marca lo qué aplique): **Sign (Letrero):** _____ **Banner (Bandera):** _____

New (Nuevo): _____ **Replace Existing (Reemplazo Del Existente):** _____

Exact title to be displayed on Sign (Título exacto que estara en la muestra del letrero): _____

Business Property Address (Domicilio de la Propiedad del Negocio) _____

Existing Use of Property (El uso existente de la Propiedad): _____

Proposed Use of Property, if Changed from Existing (Propuesto uso de la propiedad, si habra cambios del existente) _____

SIGN CONTRACTOR (Contratista del Letrero)

Contact Person _____

(Persona de Contacto):

Address (Domicilio): _____

City, State, Zip Code _____

(Ciudad, Estado, Código postal):

Telephone (Teléfono): _____

REQUIRED ATTACHMENTS (Documentos requeridos)

Sign Estimate (Estimado del letrero): \$ _____

Proof of company Services -Check One

(Comprobante de servicio de la Compañía-Marque uno)

Estimate/Estimado

Quote/Cuota

Invoice/Factura

Picture Sample with measurements

(Muestra de Imagen con medidas): _____

***NOTE: All contractors should have a valid business license to do work in East Chicago. (*Nota: Todos los contratistas deben tener un licencia de negocio válida para trabajar en East Chicago)**

Signature Required/(Firma del Solicitante) **X** _____ Date/(Fecha): _____

Print Name/(Nombre del Solicitante (por favor escriba)):: _____

DEPARTMENTAL USE

Date Received: _____ Initials of Receiver: _____

Existing Zoning: _____

Proposed Zoning; if Applicable: _____

Sign Conforms to Ordinance: () YES () NO

Sign Variance Needed: () YES () NO

VARIANCE INFORMATION

Staff Comments for Need for Variance: _____

BZA Hearing Date: _____ Hearing Fee \$ _____

Fee Received \$ _____

Final Determination by BZA: _____

BZA Attachments: () YES () NO

SIGN APPLICATION APPROVAL

PLEASE MAKE SURE THAT ALL APPROVED APPLICATIONS HAVE BEEN SCANNED.

Signature of Planning Staff: _____

Date of Application Approved: ____ / ____ / ____

UPON APPROVAL PLEASE PROCEED TO THE BUILDING DEPARTMENT TO COMPLETE FENCE PERMIT. IF THE SIGN EXTENDS INTO OR IS PLACED WITHIN ANY RIGHT-OF-WAY, THE APPLICANT MUST SEEK REVIEW BY THE ENGINEERING DEPARTMENT BEFORE PERMITTING.