



CITY OF FRANKFORT
PLANNING & COMMUNITY DEVELOPMENT
P.O. Box 697
Frankfort, Kentucky 40602
Phone: (502) 352-2094 Fax: (502) 875-8502
www.frankfort.ky.gov

SIGN PERMIT APPLICATION

Date: _____

1. **Address of Sign Location:** _____

2. **Sign Contractor Information:**

- Name: _____
- Company Name: _____
- Mailing address: _____

- Phone : _____ Fax: _____
- E-Mail Address: _____

3. **Applicant Information:**

- Business Name: _____
- Mailing address: _____

- Phone : _____ Fax: _____
- City of Frankfort Business License Yes No License # _____
(required for anyone other than owner installing any type of sign or replacing signs)

4. **Site/Building Information**

- Linear footage of lot (along street): _____
- Width of bldg. facade(s) _____
- Width of tenant space to which sign(s) will be attached _____
- Floor area of building (1st floor only): _____ Bldg. height: _____

5. **Sign Specifications**

- Sign Type: Pole/Pylon Building Fascia Ground/Monument
 Directional Special Purpose Projecting Temporary
- # of Existing Signs _____ Dimensions of each: _____
- # of Proposed Signs _____ Dimensions of each: _____
- Total Existing Square Footage of signs: _____ (not required for PC,PR,or PM)
- Total Proposed Square Footage of signs: _____
- Clearance below proposed sign: _____ Height of proposed sign _____
- Are any of the existing signs non-conforming? Yes No not known

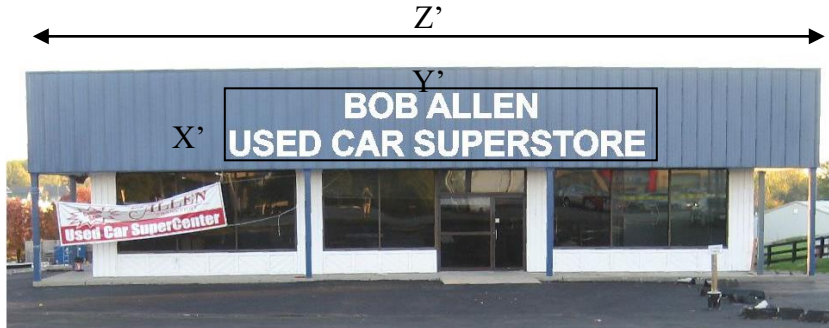
APPLICANT'S SIGNATURE: _____

SIGN PERMIT REQUIRED ATTACHMENTS:

- Sketch of proposed sign showing sign message and dimensions;
- Sketch showing sign placement on building facade, OR sketch of site showing sign location on property, with setback distances from property lines indicated (whichever is applicable).

FOR OFFICIAL USE ONLY		
Permit # _____	Permit Fee: _____	Zone District: _____
Setback Requirements: Front _____	Side _____	Rear _____
Comments: _____		
Planner Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Name: _____ date: _____		
Building Inspector Review (if applicable): <input type="checkbox"/> Approved <input type="checkbox"/> Denied initials _____ date _____		
Electrical Inspector Review – Final: <input type="checkbox"/> Approved <input type="checkbox"/> Denied initials _____ date _____		

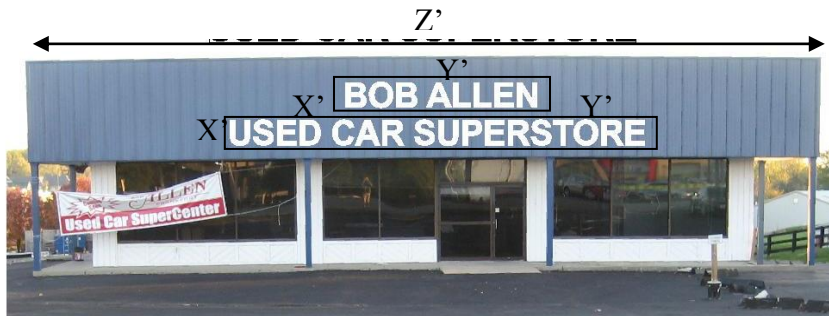
SAMPLE
Fascia Sign (Channel Letters) Area Calculations



One sign
sample

$(X * Y) = A$ A must be equal to or less than Z.

OR



Two sign
sample

$(X * Y) = A$ A+B together must be equal to or less than Z.

$(X * Y) = B$

Up to three signs on one frontage allowed – provided total of 3 is equal to or less than Z.
 Maximum size is 200 sq.ft. if Z is greater than 200'.

See staff for specific details.