

**APPLICATION FOR SIGN PERMIT  
CITY OF MADISONVILLE  
P.O. Box 705  
Madisonville, KY 42431  
Phone (270) 824-2108 Fax (270) 824-2168  
Email: dtodd@madisonvillegov.com**

Application No. \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's: Bus Lic (M'ville) Acct. # \_\_\_\_\_ Email \_\_\_\_\_  
Work Comp. & Liab Ins. Carrier \_\_\_\_\_ Exp Date \_\_\_\_\_  
(A certificate of insurance must be provided)

Address Proposed Sign \_\_\_\_\_

Name of Business \_\_\_\_\_

List Size and Type of Proposed Sign(s) \_\_\_\_\_

List Size and Type of Existing Sign(s) \_\_\_\_\_

Building wall size(s) \_\_\_\_\_

**Attach a drawing of all signs showing type, size, and height; also include a site plan showing location of all sign(s), both existing and proposed on the property, including accurate measurements from the property lines to all free-standing signs. In addition, if applying for a wall sign, include the dimensions of the wall of the building to which the sign shall be attached and its projected distance.**

I agree, that as the business owner or authorized agent of the business owner, that the above information is, to the best of my knowledge, true and correct. It is understood and agreed that any error, misstatement or misrepresentation of fact, or any alteration or change in plans made, without the Zoning Administrator's approval after issuance of the Sign Permit, shall constitute sufficient grounds for the revocation of such permit.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Permit Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Issued \_\_\_\_\_ Zoning \_\_\_\_\_ PVA # \_\_\_\_\_

Conditions/Comments (if any): \_\_\_\_\_

**Permit Fees Per Each Sign:**

32 sq.ft. & less     \$25  
33 to 50 sq.ft.     \$50  
Over 50 sq.ft.     \$100

(Make checks payable to: City of Madisonville)

Signed: \_\_\_\_\_  
**Debbie Todd, Zoning Administrator**