City of Carencro Planning Department, 210 E St. Peter Street
P 0 Drawer 10, Carencro, Louisiana 70520
E-Mail planning@carencro org Phone (337) 896-7971 or (337) 896-848 Fax (337) 886-7546

SIGN PERMIT

			Date	Permit#
Business Name:		Address (Locatio n of Sign)		Phone
Owner of Business		Mailing Address		Phone
Sign Company				Phone
Type of Sign(Please check_types and give	e quality of each)	sign connected/mounted on buildir	ng*(wall sign)Pole or monumen	t sign (free standing)
Give dimesions of proposed	signs and type (wall or free standing))	What is the total heigh	of this sign from the ground*
Will sign be illuminated*	Yes No Internal	External		
Is there more than one business located in the building (under one roof or buildings connected together) at the site where you propose to construct the sign* Yes _ No If yes. give name of shopping cenler or building if known G we dimensions of all signs located on this property				
Are you replacing an existing sign at this location* Yes _ No If yes, g we dimensions of old sign				
Give the front propety footage measured along the streetf t, If corner lot. give other street frontageft (Note Signs cannot be located wilhin the 30' intersection site triangle)				
Attach a copy of a drawing/picture of the proposed sign. The drawing/picture must show all signs on this property. Also show street or streets in relationship to building. Show distance of sign to front and side property line. If there is more than one business at this location, show your location within the building. You must also show all signs for all business at this location.				
I understand that the above information is used to qualify the approval of this oermit I further understand that failure to provide all the information required above may result in the removal of this sign(s) at my expense				
Signature of person responsible	le for this sign(s)	Date	Signature of City Official	Date
-Cost of PR Permit \$2	200.00			
-Wall signs do no require	a plan review			
-Cost of Permit <u>S</u>	150 00			
-Cost of electrical Permit if illuminated \$	75.00			
Paid by Cash. Check# or	Visa. Mastercard or Discover			