



Planning & Economic Business Development

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



Anthony Copeland
Mayor

2021 SIGN APPLICATION

Today's Date: _____

Applicant Name: _____	<input type="checkbox"/> Cell: _____
Address: _____	<input type="checkbox"/> Business: _____
City, State, Zip Code: _____	<input type="checkbox"/> Home Phone: _____
	<input type="checkbox"/> Email: _____

BUSINESS INFORMATION:

Check all that apply: Sign _____ Banner: _____ / New: _____ Replace Existing: _____

Exact title to be displayed on Sign:

Business/Property Address: _____

Existing Use of Property: _____

Proposed Use of Property *if Changed from Existing:*

SIGN CONTRACTOR:

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Tele: _____

*NOTE: All contractors should have a valid business license to do work in East Chicago.

REQUIRED ATTACHMENTS:

Sign Estimate: \$ _____

Proof of company Services (Check one)

- Estimate
- Quote
- Invoice

Picture Sample with measurements: _____

(Signature Required) X _____

Date: _____

Print Name: _____

DEPARTMENTAL USE

Date Received: _____

Initials of Receiver: _____

Existing Zoning: _____

- _____ C1 Neighborhood Retail
- _____ C2 General Commercial
- _____ C3 North Harbor Business District
- _____ M1 Light Industry
- _____ M2 Heavy Industry
- _____ P1 Parks
- _____ R1 Single Family

- _____ R1a Single Family, Semi Detached Dwelling
- _____ R2 Two Family Dwelling
- _____ R3 MultiFamily Dwelling Two Story Rowhouse
- _____ R4 MultiFamily Dwelling Three Story or Less
- _____ R5 MultiFamily Dwelling Four Story or More
- _____ WD Waterfront Development

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 SIGN 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.