



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

2022 SIGN APPLICATION (Solicitud para un Letrero)

Date of Application
(Fecha de Solicitud): _____

Name of Applicant (Nombre de Solicitante): _____	<input type="checkbox"/> Cell (Celular): _____
Address (Domicilio): _____	<input type="checkbox"/> Business (Negocio): _____
City, State, Zip Code (Ciudad, Estado, Código Postal): _____	<input type="checkbox"/> Home (Casa): _____
	<input type="checkbox"/> Email (Correo Electrónico): _____

BUSINESS INFORMATION (INFORMACIÓN SOBRE EL NEGOCIO):

Check all that apply (Marca lo que 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 muestrá 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.