



APP NO: 20 \_\_\_\_\_ -PE- \_\_\_\_\_  
SCAN: \_\_\_\_\_ ZONE: \_\_\_\_\_



Anthony Copeland  
Mayor

**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](http://www.eastchicago.com)

## 2024 SIGN APPLICATION/PARA UN LETRERO

Date of Application (*Fecha de Solicitud*): \_\_\_\_\_

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

### **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 Changing from Existing (*Propuesto uso de la propiedad, si habra cambio del esistente*):  
\_\_\_\_\_

### **SIGN CONTRACTOR**

(*CONTRATISTA DEL LERERO*):

**Contact Person**  
(*Persona de Contrato*): \_\_\_\_\_

**Address**  
(*Domicilio*): \_\_\_\_\_

**City, State, Zip Code**  
(*Ciudad, Estado, Código Postal*): \_\_\_\_\_

**Telephone**  
(*Teléfono*): \_\_\_\_\_

### **REQUIRED ATTACHMENTS**

(*ARCHIVOS ADJUNTOS REQUERIDOS*):

**Sign Estimate**  
(*Estimado del letrero*): \$ \_\_\_\_\_

**Proof of Company Services (check one)**  
(*Comprobante de servicio de la Companio - margue 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 contratisto deben tener una licencia comercial valida para trabajar en East Chicago.)**

Upon approval there is a \$20.00 application fee to be paid by company check, money order or cashier's check to the City of East Chicago mailed to City of East Chicago Planning Department 4525 Indianapolis Blvd., East Chicago, IN 46312

**Applicant Signature (Firma de Solicitante) X** \_\_\_\_\_

**Print Name (Imprimir Nombre):** \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

---

## DEPARTMENTAL USE

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

Initials of Receiver: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Application Fee Paid:  YES  NO

Check #: \_\_\_\_\_

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 of BZA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BZA Attachments:  YES  NO

---

## SIGN APPLICATION APPROVAL

***PLEASE MAKE SURE THAT ALL APPROVED APPLICATIONS HAVE BEEN SCANNED.***

Signature of Planning Staff: \_\_\_\_\_

Date 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.