



Application # \_\_\_\_\_

**TEMPORARY SIGN PERMIT APPLICATION**  
City of Leavenworth, Kansas Planning & Zoning Department  
100 N 5th St • Leavenworth KS 66048 • 913-680-2626

*This application cannot be processed unless fully completed and all required documents are provided. All incomplete applications are void after 90 days. If you have any questions about the form, please call the Planning and Zoning Department*

**# Temp Signs to Date this Year** \_\_\_\_\_

Business/Entity Displaying Sign \_\_\_\_\_

Site Address \_\_\_\_\_ Zoning \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Owner of Property \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Property Owner's Signature \_\_\_\_\_  
Street # and Name City State (Required)

Contact for Application \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Email

Sign Contractor: Company Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Business License # \_\_\_\_\_  
Street # and Name City State

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Sign Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Temporary Sign Info: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

Attached Sign(s)  
Sign Height \_\_\_\_\_ ft Sign Width \_\_\_\_\_ ft Total Sign Area \_\_\_\_\_ sq ft Sign materials \_\_\_\_\_

Bldg Height \_\_\_\_\_ ft Bldg Length \_\_\_\_\_ ft Total Façade Area \_\_\_\_\_ sqft Sign % of Area \_\_\_\_\_ %

The direction the sign will face (circle one): North South East West  
 Sketch (Required)

Freestanding Sign/Other: \_\_\_\_\_

Sign Height \_\_\_\_\_ ft Sign Length \_\_\_\_\_ ft Total Sign Area \_\_\_\_\_ sq ft

Attached to this Sign Permit Application is a plan, sketch, drawing, blueprint or similar presentation drawn to scale, showing pertinent structural details per the Sign Code in the City's Developments Regulations

**TEMPORARY SIGN FEE: \$50.00 PER 60 DAYS**

*As business owner or agent, I hereby certify this sign application and attached plans to be correct and agree to abide by the sign code in the City's adopted Development Regulations and stipulations, if any, as described in this permit. I understand that an incomplete application can result in a delay of processing this application.*

Signature of Business Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Payment  By Check - make check payable to City of Leavenworth  By Cash - Payable at City Hall

By Credit Card - on-line or in person at City Hall

FOR OFFICE USE ONLY Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Date Remitted: \_\_\_\_\_

Cash: \_\_\_\_\_ Credit Card \_\_\_\_\_

Minor Certificate of Appropriateness for Historic District  Approved  Denied

Staff Reviewer/Approver: \_\_\_\_\_ Date: \_\_\_\_\_