



AMANA COLONIES LAND USE DISTRICT

BOX 66 AMANA, IOWA 52203 PHONE: 319-622-3840

Application No. _____ Date _____

APPLICATION FOR SIGN PERMIT AND CERTIFICATE OF COMPLIANCE

Owner _____ Mailing Address _____

Agent _____ Mailing Address _____

Email address _____ Phone No. _____

Is this a new business? _____

For Property Located at: _____ and which is legally
described as _____ in the _____ zoning
district.

Description of sign(s) proposed (include size, color, font, number of items, etc.):

Attach detailed drawings showing the dimensions, design, structure, and location of each individual sign on the property.

Fee: \$30 per sign

(over)

CERTIFICATION:

I/We, the undersigned, do hereby certify/acknowledge that:

1. The information submitted herein is true and correct to the best of my/our knowledge and that upon submittal becomes public record;
2. Fees are not refundable and payment does not guarantee approval; and
3. All additional required written and graphic materials are attached.

Owner: _____ Date: _____

Agent: _____ Date: _____

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For Administrator's Use Only

_____ *Master Site Plan required?* reviewed by Administrator on _____ and findings attached.

Administrator Action: _____ *Approved* _____ *Denied on* _____

Certificate of Zoning Compliance required? _____

Fee of \$ _____ *received on* _____ *by ACLUD Administrator*