

ID #: _____
Pin #: _____

PERMIT #: _____
Permit Fee: \$ _____

PENNINGTON COUNTY SIGN PERMIT APPLICATION

315 St. Joseph Street, Suite 118, Rapid City, SD 57701 (605) 394-2186

Application Date: _____ Total Estimated Construction Cost: \$ _____

LEGAL DESCRIPTION: _____
_____ Located in Section _____, Township _____, Range _____

SITE ZONING: _____ ACREAGE: _____

SIGN SPECIFICATIONS:

1. THE UNDERSIGNED HEREBY APPLIES TO:

- a. BUILD MOVE
- b. WALL SIGN FREESTANDING/GROUND SIGN AWNING BILLBOARD
- c. ON-PREMISE OFF-PREMISE*
- d. LIGHTED** UN-LIGHTED ELECTRONIC MESSAGE**
- e. SINGLE FACE DOUBLE FACE V FACE
- f. WOOD METAL PLASTIC OTHER: _____

* All off-premise signs require a Conditional Use Permit and may not be erected or placed closer than 1,500 feet from any residential district and/or dwelling unit or located closer than 1,500 feet from all other off-premise signs.

** Illuminated signs require a Conditional Use Permit if located within 1,500 feet of any dwelling unit or residential district and must be installed and maintained so as to minimize spillage of light outside of the sign face.

2. SQ. FOOTAGE of SIGN FACE:

Side 1: _____ x _____ = _____ Direction: N S E W
Side 2: _____ x _____ = _____ Direction: N S E W
Total Square Footage = _____ Ground Clearance: _____ Total Height: _____

3. TEXT: _____

Sign configuration to be shown on reverse or as an attachment to this application.

4. SETBACKS: Front Yard: _____ Side Yard: _____ Rear Yard: _____

5. DISTANCES TO: Residential Zoning District: _____ Nearest Dwelling Unit: _____
Nearest On-Premise Sign: _____ Off-Premise Sign: _____

6. VISIBLE FROM: State Road: _____
 County Road: _____

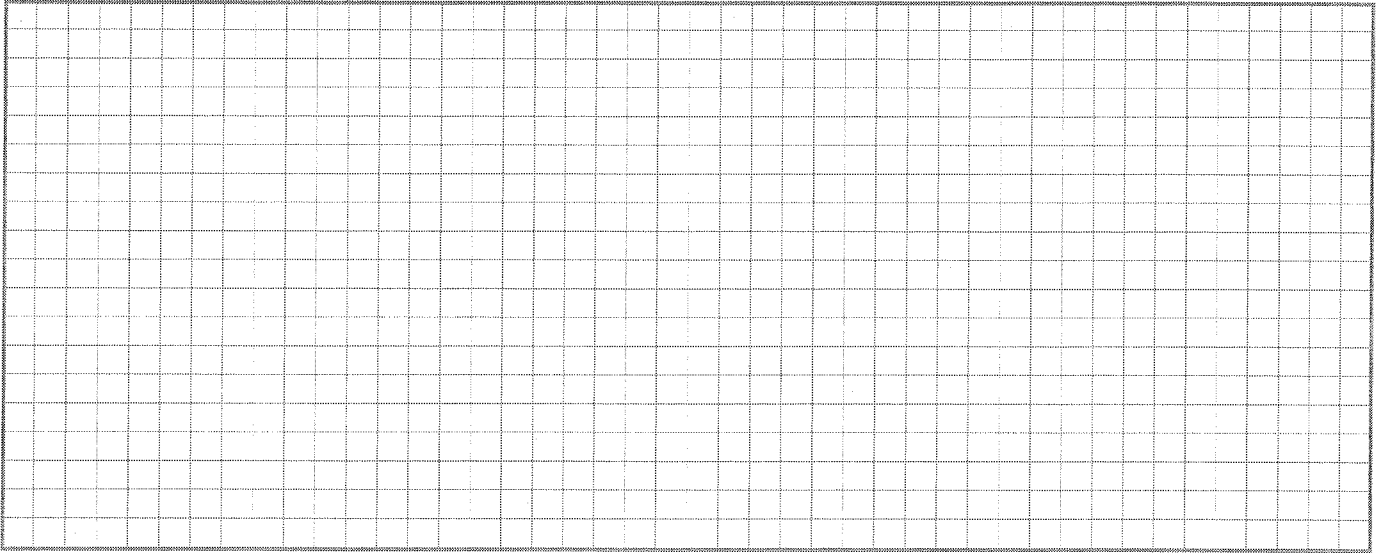
7. DOT PERMIT REQUIRED? NO YES (Approved DOT Permit received on: _____)

PERMIT IS VOID IF: Construction does not comply with Sign Specifications 1 – 7 as set forth above and in accordance with the Codes/Ordinances of Pennington County and the State of South Dakota, and if work is not commenced within 30 days or is not completed within 90 days of date of issue.

ALL ELECTRICAL WORK SHALL COMPLY WITH STATE CODES - ELECTRICAL INSPECTION IS REQUIRED. STATE ELECTRICAL INSPECTOR: HAROLD KORTUM, RT 1 BOX 50A, CUSTER, SD 57730 (605) 673-1310.

SIGN LOCATION: Provide a site plan which indicates the exact site on the property on which the sign will be placed in relationship to lot lines and setback requirements.

SIGN CONFIGURATION: Provide a to-scale drawing of the proposed sign to include dimensions of all faces (height/length), design of complete sign, height from ground to bottom of sign, and height from ground to top of sign.



LANDOWNER'S NAME, MAILING ADDRESS, DAYTIME PHONE NUMBER

SIGN OWNER'S NAME, MAILING ADDRESS, DAYTIME PHONE NUMBER

CONTRACTOR'S NAME, MAILING ADDRESS, DAYTIME PHONE NUMBER

ELECTRICIAN'S NAME, MAILING ADDRESS, DAYTIME PHONE NUMBER

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By my signature, I acknowledge that payment of the Sign Permit application fee does not constitute issuance of this Sign Permit. I further agree that construction covered by this permit application shall not be commenced until I have received a copy of this application form signed by the Planning Director and stamped "APPROVED."

**NOTICE: Placement of Sign Poles constitutes start of construction.**

Signature of AGENT (requires owner authorization)

Signature of LANDOWNER

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 200\_\_.

Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public for the State of South Dakota  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of South Dakota  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
APPROVED: Staff Authorization/Signature

\_\_\_\_\_  
Date