



**CITY OF FRANKFORT**  
**PLANNING & BUILDING CODES DEPARTMENT**  
 P.O. Box 697  
 Frankfort, Kentucky 40602

Phone: (502) 352-2094 Fax: (502) 875-3579

www.frankfort-ky.gov

**SIGN PERMIT APPLICATION**

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

1. **Address of Sign Location:** \_\_\_\_\_

2. **Sign Contractor Information:**

- Name: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
 \_\_\_\_\_
- Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

3. **Applicant Information:**

- Business Name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
 \_\_\_\_\_
- Phone : \_\_\_\_\_ Fax: \_\_\_\_\_
- City of Frankfort Business License  Yes  No License # \_\_\_\_\_  
*(required for anyone other than owner installing any type of sign or replacing signs)*

4. **Site/Building Information**

- Linear footage of lot (along street): \_\_\_\_\_
- Width of bldg. facade(s) \_\_\_\_\_
- Width of tenant space to which sign(s) will be attached \_\_\_\_\_
- Floor area of building (1st floor only): \_\_\_\_\_ Bldg. height: \_\_\_\_\_

5. **Sign Specifications**

- Sign Type:  Pole/Pylon  Building Fascia  Ground/Monument  
 Directional  Special Purpose  Projecting  Temporary
- # of Existing Signs \_\_\_\_\_ Dimensions of each: \_\_\_\_\_
- # of Proposed Signs \_\_\_\_\_ Dimensions of each: \_\_\_\_\_
- Total Existing Square Footage of signs: \_\_\_\_\_ (not required for PC, PR, or PM)
- Total Proposed Square Footage of signs: \_\_\_\_\_
- Clearance below proposed sign: \_\_\_\_\_ Height of proposed sign \_\_\_\_\_
- Are any of the existing signs non-conforming?  Yes  No  not known

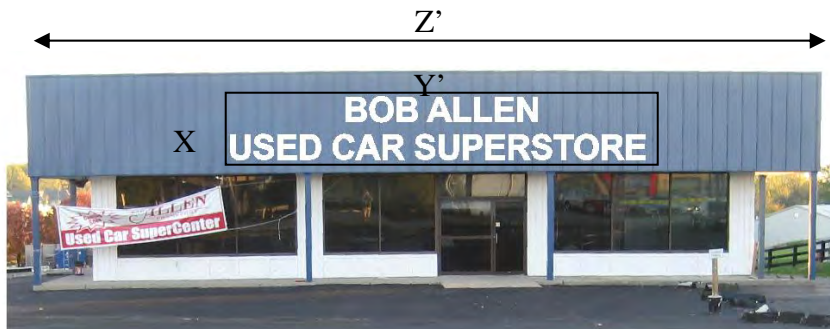
**SIGN PERMIT REQUIRED ATTACHMENTS:**

- Sketch of proposed sign showing sign message and dimensions;
- Sketch showing sign placement on building facade, OR sketch of site showing sign location on property, with setback distances from property lines indicated (whichever is applicable).

APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>		
Permit # _____	Permit Fee: _____	Zone District: _____
Setback Requirements: Front _____	Side _____	Rear _____
Comments: _____		
Planner Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Name: _____	date: _____
Building Inspector Review (if applicable): <input type="checkbox"/> Approved <input type="checkbox"/> Denied	initials _____	date _____
Electrical Inspector Review – Final: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	initials _____	date _____

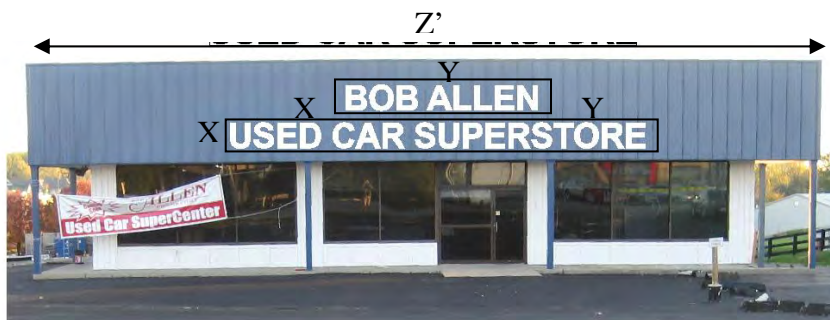
**SAMPLE**  
**Fascia Sign (Channel Letters) Area Calculations**



One sign  
sample

$(X * Y) = A$  A must be equal to or less than Z.

OR



Two sign  
sample

$(X * Y) = A$  A+B together must be equal to or less than Z.

$(X * Y) = B$

Up to three signs on one frontage allowed – provided total of 3 is equal to or less than Z.  
 Maximum size is 200 sq.ft. if Z is greater than 200'.

See staff for specific details.