



TEMPORARY SIGN PERMIT APPLICATION 2025

Shelbyville Plan Commission
44 West Washington Street
Shelbyville, IN 46176
P: 317.392.5102

Please ensure the entire form is completed, as missing information may cause delays in processing your permit.

1. Sign Owner

Name:
Address:
Phone Number:
Email:

2. Property Owners Information

Name:
Address:
Phone:
Email:

3. Sign Information: (For multiple signs: Each sign requires a separate application and drawing.)

Address of Sign Location:
Dimension of Sign: ( W x H) X
Material or Type of Sign:
Dates of Sign Placement:

4. Location: Please initial next to the following statement indicating that you understand the requirements of where a temporary sign can be placed.

Temporary signs must be placed on premise and within the property lines. Signs cannot be placed in a public right-of-way. Signs also should not be placed in the vision clearance triangle or near any intersection of streets and driveways in such a manner as to obstruct free and clear vision. Please include a site plan indicating the location of each sign.

Full Name of Persons/Company in Charge of Placing Sign:
Direct Contact Phone #:

I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided. I am responsible for placement and removal of signs. I understand if the sign becomes a violation I will take responsibility for it.

Signature of Applicant: Date:

Office Use Only
Approved or Denied By: Permit #: Fee:
Reason for Denial: