



AMANA COLONIES LAND USE DISTRICT

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

Application No. _____ Date _____

APPLICATION FOR SIGN ZONING PERMIT AND CERTIFICATE OF COMPLIANCE

Owner _____ Mailing Address _____

Agent _____ Mailing Address _____

Email address _____ Phone Number _____

Is this a new business? _____

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

Description of sign(s) proposed:

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

The undersigned applicant certifies that the foregoing information is true:

Owner

Agent

~~~~~  
*For Administrator's Use Only*

\_\_\_\_\_ *Required and appropriate drawings and information included/attached*

\_\_\_\_\_ *Master Signage Plan required*

*Reviewed by Administrator on \_\_\_\_\_ and findings attached.*

*Administrator Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied on \_\_\_\_\_*

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