



MARION COUNTY ZONING DEPARTMENT  
 214 EAST MAIN ST.  
 KNOXVILLE, IA 50138  
 OFFICE: 641-828-2231 x9  
 CELL: 641-218-0243

Melissa Poffenbarger, Zoning Administrator  
[mpoffenbarger@marioncountyiowa.gov](mailto:mpoffenbarger@marioncountyiowa.gov)

Karie Ellwanger, Assistant Zoning Administrator  
[kellwanger@marioncountyiowa.gov](mailto:kellwanger@marioncountyiowa.gov)

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**SIGN PERMIT APPLICATION**

TODAY'S DATE: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

**APPLICANT/PROPERTY INFORMATION**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LOCATION OF PROPOSED SIGN: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ ZONING CLASSIFICATION: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**  
 (If different than applicant.)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**SIGN INFORMATION**

TYPE:  BUILDING  FREESTANDING  HIGHWAY HIGHRISE  DEVELOPMENT IDENTIFICATION  
 MISCELLANEOUS (describe): \_\_\_\_\_

FRONT YARD SETBACK: \_\_\_\_\_ (Front yard is considered the driveway access side. Measure from the property Right-of-Way line, not the middle of the road.)

SIDE YARD SETBACK (A): \_\_\_\_\_ SIDE YARD SETBACK (B): \_\_\_\_\_ REAR YARD SETBACK: \_\_\_\_\_

DESCRIPTION:  Single Face  Back-to-Back  V-Type  Side by Side  Double Deck

SUBSTRUCTURE:  Number of Supports  Wood  Steel  Other (describe): \_\_\_\_\_

FACE TYPE:  Poster Panel  Painted  Other (describe): \_\_\_\_\_

HEIGHT ABOVE GRADE: \_\_\_\_\_ SIGN DIMENSIONS: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

ILLUMINATED:  Yes  No REFLECTORIZED:  Yes  No

Which side of the road will sign be placed? \_\_\_\_\_

What direction will the sign face? \_\_\_\_\_



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**SIGN PERMIT APPLICATION**  
**(continued)**

**Disclaimer REQUIRED**

The applicant and property owner (if different than the applicant) acknowledge that all information provided to the Marion County Zoning department is true and correct. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local authority regulating signs. Marion County Zoning staff nor any other Marion County department assumes any responsibility for the accuracy of this report.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner Signature (if different than applicant)**

\_\_\_\_\_  
**Date**

**FOR ZONING OFFICE USE ONLY**

**CONDITIONAL USE PERMIT NUMBER (IF NECESSARY):** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **DATE OF ACTION:** \_\_\_\_\_

**CONDITIONS OF APPROVAL:** \_\_\_\_\_

**ZONING OFFICIAL SIGNATURE:** \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGN PERMIT FEE:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_ **CHECK OR RECEIPT NUMBER:** \_\_\_\_\_