



TEMPORARY SIDEWALK SIGN PERMIT APPLICATION

Please read Section 22.4 of the City of Ames *Municipal Code* before completing the application.

Applicant Name _____ **Phone** _____

Doing Business As _____

Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____

Temporary Sidewalk Signs **must** meet the following requirements:

Must be located within the city’s designated Downtown Service Center (DSC) or Campustown Service Center (CSC) Zoning District

Application must include:

- Diagram (site plan)
- Description
- Proof of control of establishment
- Indemnification Agreement
- \$500,000 general liability insurance naming City as additional insured
- Annual Fee of \$35.00

Minimum of four feet unobstructed public sidewalk between building face and sign or between sign and parking meters and minimum of two feet from curb to sign.

Shall not be attached to any public sidewalk or public fixtures at any time.

Temporary sidewalk sign shall be removed from the public right-of-way **at closing of business or at 10:00 p.m.**

Temporary sidewalk sign shall not exceed 2.5 feet in width and 4 feet in height.

No sidewalk sign shall be internally or externally illuminated.

Permits will be issued for a period of one year and must be renewed annually prior to the expiration date. The City retains the right to terminate any approved permit upon seven-days written notice, should removal of the obstruction be necessary to preserve public safety. Failure to comply with and adhere to requirements may result in permit revocation. All temporary signs must comply with Ames Municipal Code Section 21.134.

I certify that the application is complete and accurate and understand that failure to meet and maintain all requirements for display of a temporary sidewalk sign shall be grounds for revocation of the permit.

Applicant’s Signature _____ Date _____

Please return completed application to: grace.bandstra@cityofames.org
City Clerk’s Office
City of Ames
PO Box 811
Ames, IA 50010

For Office Use Only

Documents Received

Date: _____

___ Completed Application

___ Map/Diagram

___ Proof of control of establishment

___ Indemnification Agreement

Fee

___ Annual Fee \$35.00

Date Fee Paid _____

Insurance

___ Received _____

___ Approved _____

Follow Up

___ Application approved

___ Permits database updated

___ Permit Letter prepared

___ Letter copied and mailed

Permit Number _____

Special Conditions:

Application Denial Reasons:
