

CITY OF ESTHERVILLE, IOWA
AWNING PERMIT
PERMIT # _____

ADDRESS OF PROPOSED AWNING INSTALLATION: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE # OF APPLICANT: _____

BUILDING OWNER NAME & ADDRESS: _____

WIDTH OF STORE FRONT _____ FEET

DIMENSIONS OF AWNING (___ High X ___ Long)

DISTANCE AWNING PROJECTS FROM BLDG:
_____ FEET _____ INCHES

CLEARANCE ABOVE SIDEWALK
(MINIMUM 8 FEET): _____ FEET

ILLUMINATED ___ NON-ILLUMINATED ___

SIGNAGE ON AWNING: YES NO

COLOR (S) _____ PROPOSED COVER MATERIAL _____

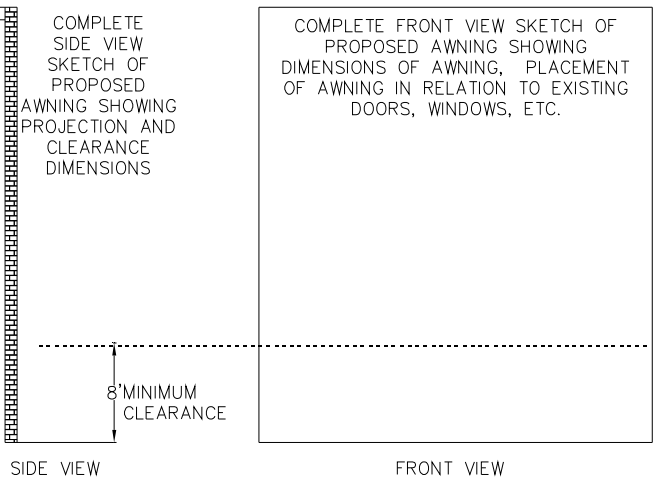
NAME OF COMPANY PROVIDING AWNING: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

INSTALLED BY: PROVIDER SELF

APPLICANT SIGNATURE: _____



PLEASE PROVIDE A COLOR PHOTO SHOWING AN EXAMPLE OF THE PROPOSED AWNING.

COUNCIL APPROVAL REQUIRED: YES NO DATE APPROVED: _____

PERMIT FEE: \$25.00 DATE PAID: _____ RECEIPT #: _____

APPROVED FOR ISSUANCE BY: _____