

*City of*  
**SHELBYVILLE**  
*Tennessee*

**This is an Application for obtaining a sign permit in the City of Shelbyville, Tennessee. Please complete this form and include a copy of Certificate of Liability Insurance showing your Workers Compensation coverage; the City of Shelbyville must be indicated as the Certificate Holder. Your information may be sent via e-mail, fax, or mail prior to issuance of the permit. This information will be reviewed and you will be notified of confirmation of acceptance. Permits must be obtained and signed in person at this office.**

**OWNER:** \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**TAX MAP ID:** \_\_\_\_\_ **ZONED** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**TYPE OF CONSTRUCTION:** \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_

**SQUARE FOOTAGE:** \_\_\_\_\_

**VALUATION:** \_\_\_\_\_

\_\_\_\_\_  
**Owner/Contractor Signature** **Date**

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**APPROVED** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Bryan Stevens, Building Official** **Date**

201 N SPRING STREET SHELBYVILLE, TN 37160 (931)684-9001 (931)680-7492 FAX