

# Kansas Department of Transportation Sign Modification Application

Sign License # \_\_\_\_\_

---

Sign Owner Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

---

### Location of Sign Site

Highway Number \_\_\_\_\_ Side of Highway (circle one) Left / Right;

County \_\_\_\_\_ Nearest Mile Marker Reference \_\_\_\_\_

---

### Proposed Changes - Please Attach Current Photo of Sign Structure

Description of proposed changes

---

---

---

---

Change to ACF  AFC = Automatic changeable facing sign

---

### Local Approval

Do you have local approval to modify this sign structure from the Local Authority?

Yes  No  Not needed

(All ACF changes must first be approved by the Local Authority)

If Yes, Zoning Authority \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*Attach Zoning Authority Approval**

\_\_\_\_\_  
Signature of Sign Owner Date \_\_\_\_\_

**Allow 60 days for written approval** \*License fees must be paid current prior to application approval  
If you need further assistance please call Toll Free 1 (877) 461-6817 or email us at [signs@ksdot.org](mailto:signs@ksdot.org). Fax: 785-296-0009

**Mailing Address:**  
Kansas Department of Transportation  
Bureau of Right of Way, Outdoor Advertising  
700 SW Harrison Street, 14<sup>th</sup> Floor  
Topeka, Kansas 66603-3745