

Kansas Department of Transportation Sign Modification Application

(must be complete with attachments enclosed)

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

Detailed Description of proposed changes including dimensions (if not enough room, attach additional information)

Change to ACF AFC = Automatic changeable facing sign

Local Approval (MUST contact proper authority, city or county, to obtain local approval)

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

Yes No Not needed (only check if city or county does not require approval after inquiry)
(All ACF changes must first be approved by the Local Authority)

If Yes, Zoning Authority _____ Phone Number _____

****Attach Zoning Authority Approval (required if answered "Yes" and or for all ACF)**

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 KDOT#ROW.Signs@ks.gov Fax: 785-296-6946

Return: a) Modification Application
b) Local Zoning Authority Approval (if required)
c) Current Photo of Sign Structure
d) Additional Information if applicable

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