

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

Mailing Address:
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