



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8450 • FAX (314) 863-0296

APPLICATION FOR SIGN PERMIT

(PLEASE PRINT)

Permit# SI _____

This application must be accompanied with two (2) copies of scaled drawings describing in detail the design, colors, construction, method of attachment and location of the sign on the building or other support. **A \$30.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.**

Applicants Name _____

Applicants Phone (_____) _____

() Owner () Contractor () Design Professional () Other _____

Location of Sign:

NO. _____ Street _____ Suite/Unit _____

Name of Business _____

Owner of Property _____

Property Use () Residential () Commercial () Private

Type of sign: () Single Face () Double Face () Temporary
() Wall () Replace () Ground () Accessory () Other

If temporary, indicate date sign will be removed _____

Dimensions Sign 1: Vertical _____ Horizontal _____

Dimensions Sign 2: Vertical _____ Horizontal _____

Sign Area - Sign 1: _____
(If double faced include both sides)

Sign Area - Sign 2: _____
(If double faced include both sides)

Materials used in construction of sign:

Sign 1 Face: _____ Frame: _____

Sign 2 Face: _____ Frame: _____

Specify colors used on sign, include color of frame, letters, background, logos, base, etc. _____

How is the sign supported or attached to the building? _____

Describe general location of signage _____

Estimated cost of sign(s): \$ _____

Builder/Erector of Sign _____

Address of Builder/Erector _____

City _____ State _____ Zip Code _____ Phone (_____) _____

E-Mail Address _____

Has the owners approval for this sign been obtained? Y / N

I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.

Signature _____ Date _____

Please Print Name _____