

CITY OF WEBB CITY — SIGN PERMIT APPLICATION

Address/Location of Sign Installation: _____ Zoning of Property: _____

Name of Sign Owner: _____ Telephone Number: _____

Address of Sign Owner: _____

Name of Property Owner: _____ Telephone Number: _____

Address of Property Owner: _____

Sign Installation Co: _____ Electric Contractor: _____

Address: _____ Address: _____

Contact Person: _____ Contact Person: _____

Telephone Number: _____ Telephone Number: _____

Webb City Lic. #: _____ Webb City Lic. #: _____

Type of Sign: Canopy Window Wall Freestanding Other _____

Illumination: Internal External None **Sign Material:** _____

Size of Sign: Length _____ Height _____ **Total Sign Area:** _____ **Height over Grade (to top of sign)** _____

Sign #1

Type of Sign: Canopy Window Wall Freestanding Other _____

Illumination: Internal External None **Sign Material:** _____

Size of Sign: Length _____ Height _____ **Total Sign Area:** _____ **Height over Grade (to top of sign)** _____

Sign #2

Type of Sign: Canopy Window Wall Freestanding Other _____

Illumination: Internal External None **Sign Material:** _____

Size of Sign: Length _____ Height _____ **Total Sign Area:** _____ **Height over Grade (to top of sign)** _____

Sign #3

Existing Signs on Property: Type: _____ Size: _____ Location: _____

Type: _____ Size: _____ Location: _____

Type: _____ Size: _____ Location: _____

Type: _____ Size: _____ Location: _____

NOTE: PLEASE ATTACH A PLAN OR DRAWING, IN READABLE SCALE, OF THE SIGN(S) DEPICTING THE SIZE, STRUCTURE, MATERIAL, CONSTRUCTION, AND PLACEMENT. APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Signature of Applicant: _____ Date: _____

ADMINISTRATIVE USE ONLY

Approved / Denied by: _____ Date: _____

Reason for Denial: _____

Variance Approved / Denied: _____ Date: _____

Date Received: _____ Date Paid: _____ Sign Permit Fee(s): _____

Receipt #: _____ Elec. Inspections: _____

Total Payment: _____