

CITY OF BALLWIN
 1 GOVERNMENT CTR
 BALLWIN, MO 63011
 (636) 227-2129 * FAX (636) 207-2360



SIGN PERMIT / APPLICATION

LACK OF REQUESTED INFORMATION ON THIS FORM MAY CAUSE DELAY OF ISSUANCE FOR THIS PERMIT.

DATE: _____

- PERMANENT SIGN
 TEMPORARY SIGN

OFFICE USE ONLY	
PERMIT NUMBER: _____	
<input type="checkbox"/> FEE: \$ _____	BAL DUE: \$ _____
<input type="checkbox"/> DEP: \$ _____	BAL DUE: \$ _____

PERMIT # _____

OWNERSHIP INFORMATION

SIGN ADDRESS: _____	
PROPERTY OWNER: _____	
SUBDIVISION / SHOPPING CENTER: _____	
PERMITTEE: _____	CONTACT PERSON: _____
ADDRESS: _____	PHONE: _____
CITY/STATE/ZIP: _____	EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____	CONTACT PERSON: _____
ADDRESS: _____	PHONE: _____
CITY/STATE/ZIP: _____	EMAIL: _____

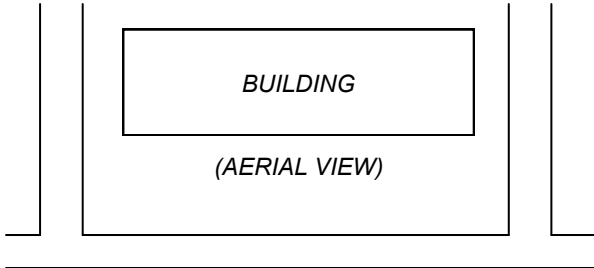
PERMANENT SIGN INFORMATION

- GROUND CONSTRUCTION
 WALL REAL ESTATE
 DIRECTORY SUBDIVISION
 OTHER: _____
- ONE-SIDED TWO-SIDED
- SIGN DIMENSIONS: _____ x _____
- SIGN MATERIAL: _____
- TOTAL HEIGHT FROM GROUND: _____ FT
- ELECTRICAL CONNECTION? Y N
- ELECTRICAL PERMIT REQUIRED: Y N

Signature of Applicant

SITE INFORMATION

- ~ Label the streets surrounding the property
- ~ Show the location of the sign on the site
- ~ Dimension—how far the sign will be placed from the curb.

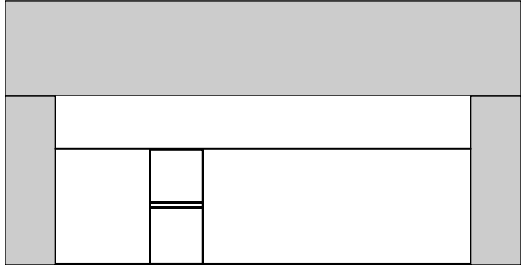


TEMPORARY SIGN INFORMATION

- BANNER INFLATABLE
 MOVING FLAT
 GROUND WALL
 ONE-SIDED TWO-SIDED
- SIGN DIMENSIONS: _____ x _____
- SIGN MATERIAL: _____
- TOTAL HEIGHT FROM GROUND: _____ FT

BUILDING INFORMATION

- ~ Show the location of the sign on the sample storefront below, if applicable



DATES SIGN TO BE DISPLAYED:

FROM _____ TO _____

REMOVED? **Y** **N** DATE: _____ INSP _____

_____	REVIEWED
	_____ Date