



# DEPARTMENT OF COMMUNITY DEVELOPMENT

200 North Second Street, Suite 303  
St. Charles, MO 63301  
Phone: 636-949-3227  
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## SIGN PERMIT APPLICATION

Today's Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

### DOCUMENTS REQUIRED WITH APPLICATION

Two (2) colored copies of the following:

- Sketches of the proposed sign(s) (including dimensions and detail of how the sign will be attached)
- Scaled drawing/plot plan showing the location of the sign(s) (on building or property)
- Pictures/Dimensions/Location of existing signage on property

**PERMIT FEES:** \$75 for Non-Illuminated; \$99 for Illuminated (Payment due at time of pick up)

### SIGN LOCATION:

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*Is this property located in a historic district? (Check One): YES \_\_\_\_\_ NO \_\_\_\_\_

**\*If yes, Landmarks Board approval is required. Sixteen (16) colored copies of all requested documents must be submitted fourteen (14) days prior to the meeting date (see meeting schedule for application dates and deadlines).**

### APPLICANT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### SIGN CONTRACTOR:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### TYPE OF SIGN(S):

Banner  Window  Frame/Sandwich Board  Hanging  Wall  Monument  Awning  Pole

**SIGN INFORMATION:** Total number of signs being requested? \_\_\_\_\_

Lineal Frontage of occupant's portion of the building: \_\_\_\_\_ Sign Dimensions \_\_\_\_\_

Who is installing the signage? Owner/Tenant \_\_\_\_ Contractor \_\_\_\_ Other (Specify) \_\_\_\_\_

Will the sign(s) be illuminated? YES \_\_\_\_ NO \_\_\_\_ \*If yes, will new wiring be required? YES \_\_\_\_ NO \_\_\_\_

Company name of licensed electrician (if required): \_\_\_\_\_

Date Received Stamp

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_