



215 North West Street
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OFFICE USE ONLY

SUBMITTAL DATE _____

APPROVAL DATE _____

PERMIT # _____

FEES PAID _____

SIGN PERMIT APPLICATION

BUILDING ADDRESS: _____ ZONING: _____
APPLICANT: _____ ADDRESS: _____

PHONE NUMBER: _____
EMAIL ADDRESS: _____
(REQUIRED)
ADDRESS: _____

CONTRACTOR: _____

PHONE NUMBER: _____
EMAIL ADDRESS: _____
(REQUIRED)

CHARACTERISTICS OF SIGN:

NEW REPLACEMENT
ON-PREMISES OFF-PREMISES
SIZE OF SIGN: VERTICAL _____ HORIZONTAL _____ TOTAL SQUARE FEET _____
TOTAL HEIGHT OF SIGN _____ HEIGHT ABOVE STREET GRADE TO BOTTOM OF SIGN _____
PRINCIPAL TYPE OF FRAME STRUCTURAL STEEL WOOD FRAME MASONRY OTHER _____
ILLUMINATED SIGN YES NO
SIGN SLOGAN/NAME _____

COST INFORMATION:

SIGN COST \$ _____
PERMIT FEE \$ 10.00
PERMIT FEE PAID YES NO

SITE PLAN:

ATTACHED ON BACK
DISTANCE FROM BUILDING: FRONT _____ REAR _____
DISTANCE FROM PROPERTY LINE: RIGHT _____ LEFT _____

SIGNATURE OF APPLICANT

APPLICATION DATE

SIGNATURE OF INSPECTOR

INSPECTION DATE

SEE CITY ORDINANCE FOR TRACER WIRE REQUIREMENTS. ANY MO ONE CALL VIOLATIONS WILL BE ISSUED A CITATION FOR MUNICIPAL COURT, AND THE DIGGER IS LIABLE FOR DAMAGES.

