



CITY OF WARRENSBURG
 102 S HOLDEN
 WARRENSBURG, MO 64093
 660-747-9135

SIGN INSTALLATION OR REPAIR PERMIT

Date _____ Permit # _____ Value of Sign and Installation \$ _____

Owner _____ Installation Contractor _____
 Address _____ Address _____
 Telephone _____ Telephone _____
 Merchant License # _____

LOCATION OF PROJECT

Business Name _____ Electrical Contractor _____
 Address of Property _____ Merchant License # _____

Legal Description _____
 (Attach copy if needed)

Subdivision _____
 Lot Number _____
 Zoning District _____

TYPE AND PLACEMENT

_____ New Sign
 _____ Repair/Replacement
 _____ Attached to Building
 _____ Stand Alone
 _____ Other – Specify _____

Attach Scale Drawing of Sign Location
Attach Scale Shop Drawing of Sign and Foundation Construction Detail

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make the application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction.

 Applicant Name (Please Print)

 Signature of Applicant

 Applicant Address

Plan Review Fee _____
Sign Permit Fee _____
Electrical Fee _____

Application Checked By:
Planner _____
Building Codes _____
Public Works _____
Fire Dept. _____

Total \$ _____

Permit Granted _____ **Denied** _____
Reason for Denial _____