



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
 10 North Bemiston Avenue, Clayton, Missouri 63105
 (314) 290-8450 • FAX (314) 863-0296
APPLICATION FOR SIGN PERMIT
 (PLEASE PRINT)

Permit# SGN _____

This application must be accompanied with two (2) copies of scaled drawings describing in detail the design, colors, construction, method of attachment and location of the sign on the building or other support. **ONE PERMIT APPLICATION IS REQUIRED PER SIGN. A \$35.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION***

Applicant's Name _____

Applicant's Phone (_____) _____ Applicant's E-Mail Address _____

() Owner () Contractor () Design Professional () Other _____

Project Address:

NO. _____ Street _____ Suite/Unit _____

Name of Business and/or Building _____

Business Owner (Tenant) _____ Property Owner _____

Property Use: () Residential () Commercial () Mixed-use () Other

Type of sign (check all that apply): () Single Face () Double Face () Temporary
 () Wall () Replace () Ground () Accessory () Other

If temporary, indicate date sign will be removed _____

Is this signage part of a Signage Sub-District? () Yes () No

Sign dimensions (in feet): Vertical _____ Horizontal _____

Sign base dimensions (in feet): Vertical _____ Horizontal _____

Is sign double faced? _____ If not, explain opposite side: _____

Sign Area/Square Footage: _____

Materials used in construction of sign:

Sign Face: _____ Frame: _____ Base: _____

Specify colors used on sign, include color of frame, letters, background, logos, base, etc. _____

How is the sign supported or attached to the building? _____

Describe general location of signage _____

Estimated cost of sign(s): \$ _____

Builder/Erector of Sign _____

Address of Builder/Erector _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Builder/Erector's E-Mail Address _____

Has property owner approval for this sign been obtained? Y / N

I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.

Applicant's Signature _____ Date _____

Please Print Name _____

***One application per sign is required;** however, only one \$35 Application Fee will be charged for every two signs on the same building. Ground signs and wall signs are treated independently. Inspection fees (\$35/each) are charged at discretion of staff. Signage not approved by the Architectural Review Board will be charged a \$50 Administrative ARB fee.