



5490 Fifth Street, Cottleville, MO 63304

Department of Community Development

Phone: (636) 498-6565 Fax: (636) 498-6575

SIGN PERMIT APPLICATION

Permit No.: _____ Date Received: _____ Date Filed: _____

OWNERSHIP INFORMATION:

Property Owner: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Email: _____

APPLICANT INFORMATION:

Name of Applicant(s): _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Email: _____

LOCATION OF PROJECT:

Development Name and Address: _____

Erector of Sign: _____

REQUIRED DOCUMENTATION:

- Estimated cost of the sign(s).
2 copies of a scaled drawing of the property depicting the appearance, colors, materials, location, type and height of the proposed sign(s).
If required, sealed structural and electrical drawings with corresponding calculations for the sign(s).

Applicant's Signature _____ Print Name _____ Date _____

This application is made with my full knowledge and consent.

Owner's Signature _____ Print Name _____ Date _____