

Application Received By: _____
 Date Received: _____



CITY OF FRONTENAC
SIGN PERMIT APPLICATION
 10555 Clayton Road • Frontenac, MO 63131
 tel.: (314) 994-3200 • fax: (314) 994-3203



Date of Application ____/____/____ Permit No. _____
 Project Address _____ Zoning District _____
 Business Name / Applicant _____ Contact Number (____) _____
 Address _____
Street City State Zip Code

Description of work: _____ Total Estimated Cost \$ _____ .00

(Must Include Rendering of Sign, Plan Sheets, Dimensions & Photo of Existing Structure**)**

Type of Sign: Wall Canopy Monument Window
 Ground Temporary Awning Non For Profit

Total Square Footage of Sign: _____

Dimensions of Sign: Height _____ Width _____ Depth _____ Distance from Wall _____ (6" Max)

Illumination: Internally Externally Not Illuminated Type of Illumination
 (**Must be illustrated on plans**)

Sign(s): Single Face Double Face Halo Lit Direct Pin Mount Track Mount

Number of Signs Currently on Property and Building: _____
 (**Provide photos of existing structure and signs**)

Property Owner's Signature of Permission _____
Print Name and Title _____

Builder/Contractor _____
Address _____
Telephone _____ **Frontenac Business Lic#** _____
Signature _____
Print Name and Title _____

Below For Office Use Only

Sign Bond Required _____ **Design Review Commissioner** _____

Approvals: <input type="checkbox"/> Planning & Zoning ____/____/____ <input type="checkbox"/> Board of Aldermen ____/____/____ <input type="checkbox"/> Variance ____/____/____			
Permit Issued By	Date Issued	Permit Expires	Total Permit Fee \$ _____ .00
X	/ /	/ /	Receipt number