

SIGN PERMIT/APPLICATION

CODE ENFORCEMENT DEPT · 1 GOVERNMENT CTR · BALLWIN MO 63011 · (636) 227-2129 · inspections@ballwin.mo.us

DATE:		OFFICE USE ONLY			
☐ PERMANENT SIGN		TOTAL SQUARE FOOTAGE OF SIGN:			
☐ TEMPORARY SIGN		□ FEE: \$			
		DEPOSIT: \$			
OWNERSHIP INFORMATION	N '				
SIGN ADDRESS:					
NAME OF BUSINESS: SUBDIVISION / SHOPPING	CENTED:				
PROPERTY OWNER:		CONTACT PERSON:			
ADDRESS:			PHONE:		
CITY/STATE/ZIP:		EMAIL:			
CONTRACTOR INFORMATION					
NAME:			CONTACT PERSON:		
ADDRESS:			PHONE:		
CITY/STATE/ZIP:			EMAIL:		
PERMANENT SIGN IN	FORMATION				
☐ GROUND		Signature of Applicant			
□ WALL 0		OUTE INFORMATION			
☐ DIRECTORY		SITE INFORMAT	I ION ts surrounding the pro	pperty	
OTHER:		~ Show the locate	ion of the sign on the w far the sign will be	site placed from the curb	
☐ ONE-SIDED	☐ TWO-SIDED		w ran and eight will be		
SIGN SQUARE FOOTAGE			(AERIAL VIEW)		
TOTAL HEIGHT FROM GI					
LEEGITTIOAL GOTTINES I II					
ELECTRICAL PERMIT REQUIRED: Y N					
TEMPORARY SIGN IN	FORMATION				
TEMPORART SIGN IN	IONMATION	BUILDING INFO ~ Show the locate	_	sample storefront below,	
☐ BANNER [☐ INFLATABLE	if applicable			
☐ MOVING	⊒ FLAT				
☐ GROUND	□ WALL				
☐ ONE-SIDED	☐ TWO-SIDED				
SIGN DIMENSIONS:	x SQ FT				
SIGN MATERIAL:		-			
TOTAL HEIGHT FROM GROUND: FT					
DATES SIGN TO BE DISPLA	AYED (60 DAYS MAX/YR):			REVIEWED	
FROM					
REMOVED? Y N DATE:	INSP	_		Date	