



Date Submitted: _____
 Application #: _____
 Date Approved: _____
 Permit #: _____

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

Application for Sign Permit

1. Property Information

Name of business/entity for which the sign is requested: _____

Property Address and/or general location: _____

Zoning District: _____ Current Use: _____

Do any covenants and/or deed restrictions apply to this site: Yes No

Note: If yes, this application must be accompanied by signed approval of the association/entity enforcing such.

2. Contact Information

Applicant(s):

Name: _____

Address: _____

Phone: _____

Fax number: _____

Email: _____

Property owner(s), if other than applicant:

Name: _____

Address: _____

Phone: _____

Fax number: _____

Email: _____

Company designing the sign:

Name: _____

Address: _____

Phone: _____

Fax number: _____

Email: _____

Company installing the sign:

Name: _____

Address: _____

Phone: _____

Fax number: _____

Email: _____

Contact(s) for applicant owner designer installer other: _____

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We acknowledge that no sign shall hereafter be erected, re-erected, constructed, altered or maintained except in conformance with the Parkville City Code. We acknowledge that the design, materials, and methods of construction of signs, shall comply with the applicable sections of the International Building Code and Electrical Code as adopted by the City of Parkville. We do hereby agree to abide by and comply with the above-mentioned codes, and further understand that any violations from the provisions of such or from the conditions as stated herein shall constitute cause for the retraction of this permit. We acknowledge that this permit is invalid if work is not completed within 180 days from the date of issuance, unless otherwise approved by the Community Development Director.

Applicant's Signature (Required) _____ Date: _____

Property Owner's Signature (Required) _____ Date: _____

3. Sign Information

Sign awning building directory door directional menu monument
 projecting sandwich board wall (painted) wall (mounted) window other

Proposed location: _____

Sign face dimensions/area: Height _____ Width _____ Projection _____ Area: _____

Sign face material: _____

Sign structure dimen./area: Height _____ Width _____ Projection _____ Area: _____

Sign structure material: _____

Text height: _____

If attached to or painted on a building: area of façade to which the sign is attached: _____

And percent of façade covered by sign: _____

If attached to or painted on a window or door, area of such: _____

And percent of surface covered by sign: _____

If attached to or painted on a building, the sign height above grade: Top _____ Bottom _____

Is the sign proposed to be lit? Yes No If yes, how? _____

If yes, business hours and hours of illumination? _____

4. Checklist of required submittals

- Completed application.
- Application fee of \$100 for a new permanent sign; or \$25 for re-facing an existing sign.
- A drawn elevation or photo of the building showing the proposed sign face and sign structure, with dimensions, text and graphics, lettering heights, colors, materials, and method of attachment and/or construction. If attached to or painted on a building (including window or door signs), show the façade with dimensions and sign location. If the sign is free standing, include a site plan showing the sign location, building footprint, property lines, and abutting street rights-of-way and centerlines.
- Authorization signature of the applicant and property owner.
- If subject to covenants and/or deed restrictions, signed approval of the association/entity enforcing such.

For City Use Only

Application accepted as complete by: _____
Name / Title _____ Date _____

Action Taken: Approved Approved with Conditions Denied Date of Action: _____

Application Fee (22.0000): \$ _____ By: Check # _____ MO# _____

Date Paid: _____ Credit Card _____ Cash _____

Payment by: _____ Received by: _____

Special conditions if any: _____

