



City of Paola
Sign Permit Application
Fee \$25

Permit No. _____

Applications will not be processed until all requested information has been provided.

Job Address _____

Business Name _____ **Phone Number** _____

Business Owner Name _____ **Phone Number** _____

Type of Work to Be Done: **Erect New Sign** **Repair or Modify Existing Sign**

Contractor Name _____ **License No.** _____ **Insurance Expiration** _____

Setbacks Provided _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Estimated Value \$ _____

Sign Type: **Ground/Monument** **Pole** **Wall** **Projecting** **Bulletin Board/Marquee**
 Construction **Other** _____

Sign Size: Height (in inches) _____ Width (in inches) _____ Height x Width = _____

Total Square Ft. = _____

(Height x Width) ÷ 144

Wall Size*: Height (in inches) _____ Width (in inches) _____

* required only if applying for a wall sign permit

Sign Height:: _____ ft. (measured from ground to top of sign)

Building Materials: _____

Illuminated By: **Fluorescent Tubes Inside** **Spot/Floodlights** **Neon** **Other** _____

STAFF USE ONLY

Zoning District _____

Setbacks Required _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Maximum Size: _____ sq. ft. **Maximum Height:** _____ feet

City Application Requirements: **Drawing showing sign dimensions and locations** **Contractor Licenses Verified**

I hereby affirm that the above statements are true and correct and also agree to comply with all provisions of the building code and other applicable ordinances or laws.

Applicant Signature

Date

Permission for described work is granted by:

Zoning Administrator Signature

Date

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED.