



TEMPORARY SIGN PERMIT APPLICATION

Ph: (417)864-1059, Fax: (417-864-1057

For Office Use Only
Approved By: _____
Permit # SGN _____
Route to: _____

Address of Sign: _____ Suite # _____

Property Owner: _____ Business/Tenant Name: _____

Indicate number of days of the display:

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> 15-Days
Fee \$25.00 | <input type="checkbox"/> 30-Days
Fee \$25.00 | <input type="checkbox"/> 45-Days
Fee \$50.00 | <input type="checkbox"/> 60-Days
Fee \$50.00 | <input type="checkbox"/> 75-Days
Fee \$75.00 | <input type="checkbox"/> 90-Days
Fee \$75.00 | <input type="checkbox"/> 105-Days
Fee \$100.00 | <input type="checkbox"/> 120-Days
Fee \$100.00 |
| <input type="checkbox"/> 135-Days
Fee \$125.00 | | | | | | | |
| <input type="checkbox"/> 150-Days
Fee \$125.00 | | | | | | | |
| <input type="checkbox"/> 165-Days
Fee \$150.00 | | | | | | | |
| <input type="checkbox"/> 180-Days (180 days maximum allowed in one calendar year)
Fee \$150.00 | | | | | | | |

Date of Display _____ Removal Date _____

LOCATION OF SIGN: (Temporary sign is required to be mounted to the building wall or to the structure of the detached sign.)

- On Building Wall
- On Detached Sign (Requires to be totally supported by permanent permitted detached sign)

Dimensions or Square Footage of sign: _____ May not exceed 35 square feet

What will be displayed on Sign? _____

TEMPORARY SIGN PERMIT REQUIREMENTS

Appropriate fees must accompany complete application. All information on application filled in. Only one temporary sign allowed per business at any one time. Streamers are prohibited. Payable by Cash, Credit Card (MC, VISA, Discover) or check made payable to: City of Springfield.

I hereby certify that the proposed sign is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Printed Name

Signature

Contact Phone Number

Date

Form of Payment: Cash DO NOT MAIL Check # _____ Credit Card # _____
Exp Date: _____ Billing Zip Code: _____

Only applications with payments enclosed may be mailed to: City of Springfield, Attn: Building Development Services, 840 N Boonville, Springfield, MO 65801.