



# TEMPORARY SIGN PERMIT APPLICATION

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

<i>For Office Use Only</i>	
Approved By:	_____
Permit # SGN	_____
Route to LDI	_____

*Appropriate fees must accompany completed application. All information on application must be filled in.*

Address of Sign: \_\_\_\_\_ Zip \_\_\_\_\_ Suite # \_\_\_\_\_

Property Owner: \_\_\_\_\_ Business/Tenant Name: \_\_\_\_\_

**Indicate number of days of the display: (Display time must be in 15-day increments)**

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

\*The following dates must be provided for application approval:

\*Start Date of Display \_\_\_\_\_

\*Removal Date \_\_\_\_\_

### LOCATION OF SIGN:

( ) On Building Wall

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

(\*A temporary sign is required to be mounted to the building wall or to the structure of the detached sign\*)

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

What will be displayed on Sign? \_\_\_\_\_

### TEMPORARY SIGN PERMIT REQUIREMENTS

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

Method of Payment: ( ) Cash DO NOT MAIL ( ) Credit Card ( ) Check # \_\_\_\_\_

Applications with enclosed payment by check only may be mailed to: City of Springfield, Attn: Building Development Services, 840 N Boonville, Springfield, MO 65801. Do not fax application.