

APPLICATION FOR PLAN EXAMINATION AND SIGN PERMIT

APPLICANT INSTRUCTION: PLEASE PRINT



City of
POPLAR BLUFF

OFFICE USE ONLY:
ASSIGNED PERMIT NO:

Application Information

Application Date: _____

Applicant: Owner Contractor Other

Applicant Full Name: _____

Company Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Property Information

Street Address No.: _____ Street Name: _____

ZONING:

M-1 M-2 C-1 C-2 C-3 O-1 RS-1 RS-2 RS-3 RD-1 RA-1 RA-2

Owner Information

Owner Full Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: Day: _____ Evening: _____ Fax: _____ Cell: _____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s).

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

APPLICATION FOR PLAN EXAMINATION AND SIGN PERMIT CONTINUED

PERMANENT SIGN INFORMATION

PLEASE INCLUDE DRAWINGS WITH APPROPRIATE MEASUREMENTS.

Sign Style: Freestanding / Attached / Monument

No. of freestanding signs: _____ proposed; _____ existing on property

Linear Street Frontage: _____

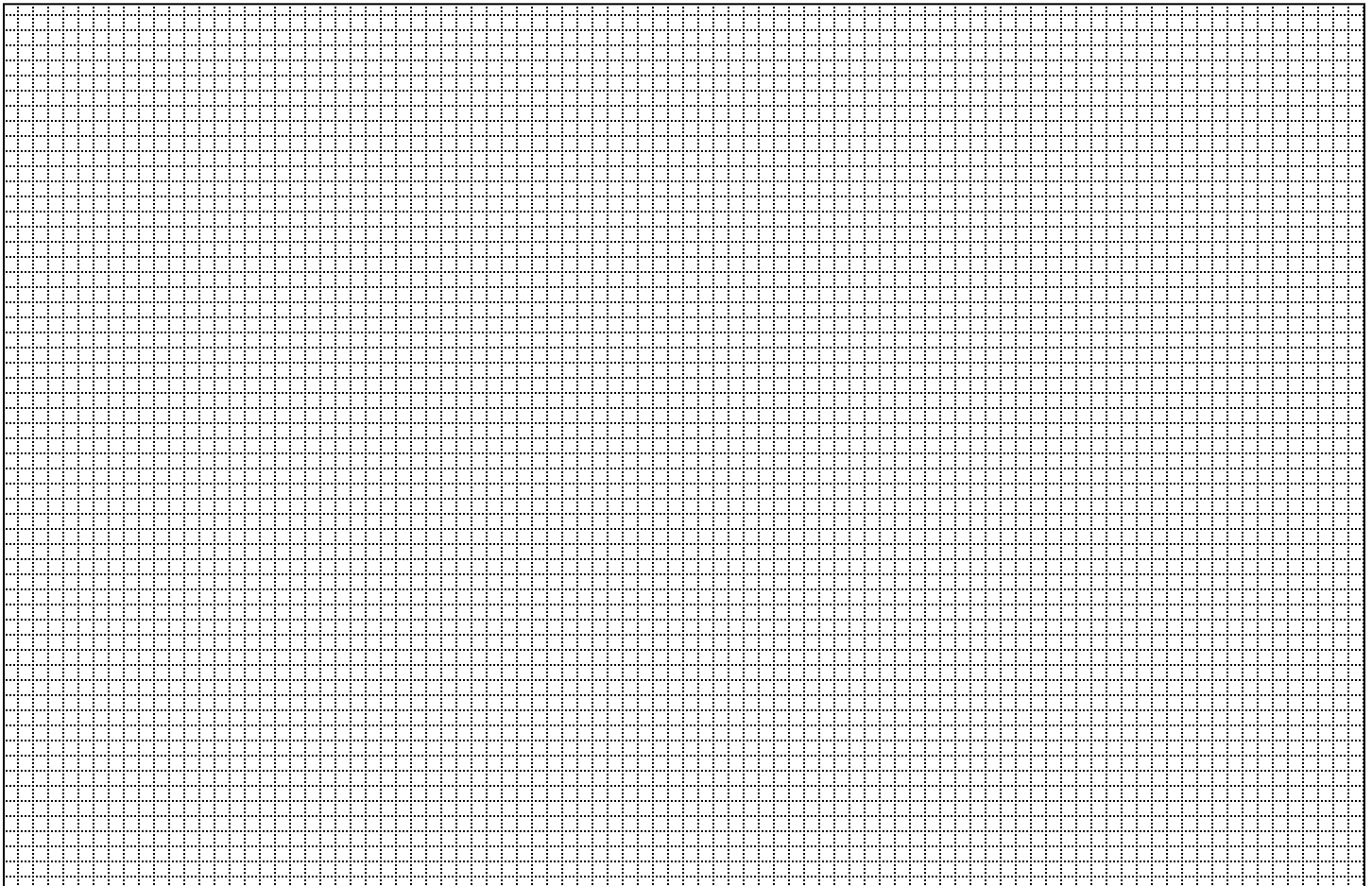
No. of attached signs: _____ proposed; _____ existing on property

Sq. footage of each sign: _____

Total building face square footage (where sign is to be attached) _____

SITE PLAN

(Show property lines, easements, name of street, work layout and all dimensions)



Reviewed by: _____ Date: _____

OFFICE USE ONLY:
PLAN EXAMINATION AND SIGN PERMIT REVIEW NOTES: