



SIGN & BILLBOARD PERMIT APPLICATION

City of St. Joseph, Missouri | Planning & Zoning
1100 Frederick Avenue, Room 107
Planning & Zoning Division | (816) 271-4648 | planning@stjosephmo.gov

All signs in the City must comply with Sec. 31-110 of the City's Code of Ordinances, located online at stjosephmo.gov **The following must be included with every sign permit application:**

1. Completed Application
2. Signage plan, including drawings of proposed signage and site plan for location of signs
3. **IF** installed over public right-of-way, permission from City Public Works Department
4. **IF** hanging over public right-of-way; certificate of insurance
5. **IF** located in local historic district; copy of Certificate of Appropriateness from Landmark Commission or Downtown Review Board

Proposed Sign Information

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Fascia/Wall/Pole/Monument | <input type="checkbox"/> Rooftop | <input type="checkbox"/> Illuminated? |
| <input type="checkbox"/> On Premise | <input type="checkbox"/> Cantilevered | <input type="checkbox"/> Existing Circuit? |
| <input type="checkbox"/> Off Premise (Billboard) | <input type="checkbox"/> Awning | <input type="checkbox"/> Temporary |

Signage Total Sq. Ft _____ | Project Total Valuation (\$) _____

Project Address

Business Name _____

Street _____

City, State, Zip _____ | _____ | _____

Applicant/Contractor Information

Name _____ | Property Owner Yes No

Business Name _____

Street _____

City, State, Zip _____ | _____ | _____

Phone (_____) - _____ | Email _____

Signature _____ Date _____

Section to be completed by City	
Zoning Review	Fees
<input type="checkbox"/> District/Plan	<input type="checkbox"/> New (63.00)
<input type="checkbox"/> Street Type/Frontage/Building Line	<input type="checkbox"/> F/W/P/M/A/R (87.00)
<input type="checkbox"/> Sign Dimensions/Ratio	<input type="checkbox"/> Billboard 0-200 sf (87.00)
Approved By _____ Date _____	<input type="checkbox"/> Billboard 200+ sf (346.50)
Accela ID _____	Total (\$) _____