



CITY OF GRANDVIEW / BUILDING SERVICES
1200 MAIN STREET, GRANDVIEW, MO 64030
PHONE: (816) 316-4817
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GRANDVIEW SIGN PERMIT APPLICATION

Community Development Department Building Services (816) 316 4817

SITE INFORMATION:

Date: / / Permit No: _____
 Business Name: _____ Phone: () - _____
 Job Location: _____ Use of Building: _____

PROPOSED WORK:

Type of Sign:
 Wall Monument Free Standing Monument Marquee Other Banner
 Single Faced Double faced External Illumination Internal Illumination

Free Standing Sign Height: _____

Sign Dimensions: Height: _____ Width: _____ Area: _____

Wall Dimensions: Height: _____ Width: _____ Area: _____

Setback from Property Lines: Front: _____ Side: _____ Rear: _____

Estimated Cost:

Note: A drawing showing the sign design, wording, dimensions of sign, location of all signs on building or lot, and building dimensions (width, length, and height of building) MUST ACCOMPANY APPLICATION.

APPLICANT INFORMATION:

Owner: _____ Contractor: _____
 Address: _____ Address: _____
 Phone: () - _____ Phone: () - _____
 Email: _____ Email: _____

Signature: _____ Signature: _____

BUILDING OFFICIAL:

Signature: _____ Date: _____

Review Comments:

