

Sign Permit

Return Form to:
Zoning Administrator
City of Moberly
101 W. Reed
(660) 263-4420
Fax: (660) 263-9398

For Office Use Only

Filing Fee: _____
Deposit: _____
Date Filed: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

OWNER: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

PARCEL ZONING: _____

LOCATION OF PROPOSED SIGN AND ALL EASEMENTS AND RIGHT-OF-WAYS: _____

HEIGHT OF THE PROPOSED SIGN: _____

PROPOSED OUTLINE OF THE SIGN IN SQUARE FEET: _____

WILL THE SIGN BE ILLUMINATED: _____ YES _____ NO

FOR ALL EXISTING BUSINESSES LIST AND SHOW ALL EXISTING SIGNS: _____

SKETCH OR CONSTRUCTION DOCUMENT OF PROPOSED SIGN IS ATTACHED
(as required): _____ YES _____ NO

Present Use of Property: _____

SIGNATURE: _____ DATE: _____

BY: _____ TITLE: _____