

Phone: 660-563-2595 Fax: 660-563-5634

DATE: \_\_\_\_\_

## Sign Permit Application

I hereby request a sign permit from the City of Knob Noster, Missouri. NAME: \_\_\_\_\_ DATE: ADDRESS: LOCATION OF PROPOSED SIGN: DESCRIPTION OF SIGN: SIZE OF SIGN: (H)\_\_\_\_\_ (D)\_\_\_\_\_(W)\_\_\_\_ Applicant's Signature Date Permit Fee: \$15.00 Permit: Granted Denied REASON FOR DENIAL: APPROVED BY: \_\_\_\_\_