



CITY OF ST. JOHNS SIGN PERMIT APPLICATION

PROJECT LOCATION	
Address:	
Name of Business:	

BUILDING OWNER/LESSEE	
Name:	
Address:	
Phone:	E-Mail:

SIGN CONTRACTOR	
Name:	
Address:	
Phone:	E-Mail:

SIGN TYPE/NUMBER				
Wall []	Length:	Width:	Area of Wall of Installation:	
Free Standing []	Height:	Length:	Width:	
Temporary []	Length:	Width:	Dates	to

SIGN APPLICATION FEE: _____
Value of Sign(s): _____
Up to \$500 - - - - - \$25 permit Fee
\$501 to \$10,000 - - - - \$40, plus \$3 for each \$1,000 or part thereof
\$10,001 and over - - - \$60, plus \$2 for each \$1,000 or part thereof

Applicant's Signature _____ **Date**

Dave Kudwa, Zoning Administrator _____ **Date**

Application Approved: [] Application Denied: []

**PLEASE ATTACH DRAWINGS SHOWING LOCATION AND
SIZE OF EACH PROPOSED SIGN.**