



6090 Woodson St
Mission, Kansas 66202
913.676.8360
www.missionks.org

Application for Sign Permit

Business Name _____

Address for Sign _____ Business Phone (____) _____

Primary Contact _____ Email _____

Type of Sign New Alter Temporary
 Wall Monument Projecting Other (Describe) _____

Single Faced Double Faced Elevation/Location _____

Non-Illuminated Illuminated Type of Illumination Internal Indirect

Temporary Sign Information: Duration: _____ Start Date: ___/___/___ End Date: ___/___/___

Sign Dimensions: Length: ___ ft. ___ in. Height: ___ ft. ___ in. Area: _____ Sq Ft.

Wall Dimensions: Length: ___ ft. ___ in. Height: ___ ft. ___ in. Area: _____ Sq Ft.

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

Installer Information

Sign Company Name: _____

Applicant: _____ Sign Installer License #: _____

Mailing Address: _____ Tel. No. _____

City: _____ State: _____ Zip Code: _____

Email: _____ Is Sign Company also the Installer? Yes No

Name of Licensed Electrical Contractor: _____

Additional Information:

* All of the information provided above is true and correct to the best of my knowledge. I have read and understand the provisions of the City of Mission Sign Ordinance. I understand that if at any time it is found that provisions of the Sign Ordinance have not been met, the Sign Permit may be revoked.

Signature: _____ I am the (circle one): Owner Owner's Agent