

PERMIT NO. \_\_\_\_\_

## SIGN PERMIT

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

PERMIT TO BE ISSUED TO:

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(CUSTOMER'S NAME)

(BUSINESS NAME)

ADDRESS:

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(OWNER)

(BUSINESS)

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

NAME OF SIGN: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

SIZE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LIGHTED: \_\_\_\_\_

TYPE OF SIGN: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERMITEE

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INSPECTED BY: \_\_\_\_\_

BEFORE: \_\_\_\_\_

AFTER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

ISSUED BY **CITY OF MACON, MO.** PER \_\_\_\_\_ CITY CLERK

THIS CARD MUST BE CONSPICUOUSLY DISPLAYED ON JOB WHENEVER WORK IS BEING DONE