



PLANNING AND DEVELOPMENT

110 West Maddux Street

Suite 215

Phone: (417) 337-8549

Fax: (417) 334-2391

SIGN REFACE APPLICATION

PERMIT # RF- _____

Business / Project Name: _____

Address of Sign: _____

Contractor: _____ License Number: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Freestanding Monument Wall Roof Marquee

Canopy Under Canopy Awning Projecting Other

Size of Sign Before Refacing: _____ Reface Materials: _____

Size of Sign After Refacing: _____

Drawings are required to verify compliance with the *Branson Municipal Code*.

- Yes No Removing the sign cabinet or structure for the reface?
- Yes No Altering the size, shape, or configuration of sign in any way?
- Yes No Is the advertising on the sign you are refacing for the property it is located on?
- Yes No Is the advertising on the sign for another business that is not on the property?
- Yes No Is the sign being refaced illuminated?

NOTICE: REFACE PERMITS, ARE FOR REFACING OF EXISTING SIGNS ONLY, THIS PERMIT DOES NOT ALLOW FOR ELECTRICAL, STRUCTURAL, OR SIZE MODIFICATIONS.

PROVISIONS: THE ISSUANCE OF THIS PERMIT SHALL NOT BE CONSTRUED TO RELEASE THE OWNER OR OWNER ' S AGENTS FROM THE OBLIGATION TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES, INCLUDING FEDERAL, STATE AND LOCAL JURISDICTIONS, WHICH REGULATE CONSTRUCTION AND PERFORMANCE OF CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF THE CONSTRUCTION WORK AUTHORIZED IS NOT BEGUN WITHIN 180 DAYS FROM THE DATE OF ISSUE OR IF AT ANY TIME PRIOR TO FINAL INSPECTION AND APPROVAL THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS.

I HEREBY CERTIFY THAT I AM THE OWNER OR DULY AUTHORIZED OWNER ' S AGENT, THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS CORRECT. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH ALL THE PROVISIONS OUTLINED HEREON. I ALSO CERTIFY THAT THE PLOT PLAN SUBMITTED IS COMPLETE AND ACCURATE PLAN SHOWING ANY AND ALL EXISTING AND PROPOSED STRUCTURES ON THE SUBJECT PROPERTY.

Owner / Owner's Agent:	Date:
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STAFF USE ONLY

Approval:	Date:
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RESTRICTIONS: _____