

SIGN PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT:

DATE _____

(Please print.)

Property Address _____

Applicant Name _____

If Commercial, Company Name _____

Mailing Address _____

Phone _____ Cell _____ Fax _____

IF APPLICANT IS NOT THE OWNER, complete the following:

Property Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

SIGN INFORMATION

The Zoning Ordinance does not allow for off premise signs or billboards.

Total number of signs _____ New _____ Change Out _____

_____ Permanent _____ Temporary _____ Freestanding _____

_____ Building Mounted _____ Wall Mounted _____

Sign Measurements: _____ Height, _____ Width, _____ Depth

_____ Message Area _____ Ground Clearance _____ Sight Triangle _____

_____ Building Frontage _____ Lot: _____ Corner _____ Interior _____

Setbacks: Front _____, Back _____, Nearest Side _____

Illuminated: _____ Yes _____ No If Illuminated: _____ Internal _____ External; #Watts/Amps _____
Electrical Permit required.

Wind Load _____ mph Job Cost _____

SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION:

1. For ALL Signs – Sign rendering, materials, finishes, etc.
2. Ground Signs- Scale drawing of site showing property lines, proposed location of sign, dimensions of building, dimensions of sign, landscaping around sign.
3. Wall signs – Dimensions of building, proposed location of sign, dimensions of sign.

CONTRACTOR INFORMATION:

Sign Contractor _____

Electrical Contractor _____

Clean-Up Contact Person: _____ Company Name: _____

Address: _____ Phone: _____

Signature of Responsible Party for Clean-up/Disposal: _____

A Copy Of The City Of Purvis Sign Ordinance is Attached

NOTE: IF A VARIANCE IS NEEDED, A ZONING APPLICATION MUST BE SUBMITTED WITH A \$50 FILING FEE.

IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE THE PERMIT HAS BEEN APPROVED PRIOR TO INSTALLATION OF THE SIGN.

I hereby certify that I have read and examined this document and know the same to be true and correct:

_____	_____	_____
Applicant (please print)	Applicant's Signature	Date

Witnessed this the _____ day of _____, 20_____

City Clerk/ Deputy Clerk

We are an Equal Opportunity Service Provider

APPROVED BY CODE ENFORCEMENT OFFICER _____
DATE _____

INITIAL INSPECTION _____ DATE _____

FINAL INSPECTION _____ DATE _____