



BUILDING DEPARTMENT
 201 Jeff Davis Avenue
 P.O. Box 929
 Long Beach, MS 39560
 (228) 863-1554
 Fax (228) 863-1558

SIGN PERMIT APPLICATION

ADDRESS OR MAP PARCEL NO. OF SIGN SITE _____

ZONING DISTRICT: (CIRCLE ONE) R-1, R-2, R-3, R-4, C-1, C-2, C-3, R-O, INDUSTRIAL

TYPE OF SIGN: _____ i.e. (temporary, monument, projecting, etc.)

TOTAL VALUATION: \$ _____

***Please attach clear and legible drawings with descriptions and nominal dimension, showing location of the sign which is the subject of the permit, and all other existing signs whose construction requires permits, when such signs are on the premises.

| | |
|---|---|
| <p>OWNER INFORMATION:</p> <p>_____ FIRST NAME LAST NAME</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>PHONE: _____</p> <p>***IN THE CASE OF LEASE AGREEMENT, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED TO THE PERMIT APPLICATION.</p> | <p>CONTRACTOR INFORMATION:</p> <p>_____ FIRST NAME LAST NAME</p> <p>_____ BUSINESS NAME</p> <p>_____ BUSINESS ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>PHONE: _____</p> |
|---|---|

I HEREBY CERTIFY THAT I UNDERSTAND THE CITY ORDINANCES, CODES AND AMENDMENTS THERETO APPLICABLE TO THIS LOCALITY AND AGREE TO INSTALL ALL WORK ACCORDINGLY.

SIGNATURE: _____