

**ZONING, INSPECTIONS, AND PERMITS DEPARTMENT
CITY OF MCCOMB CITY, MISSISSIPPI**

P. O. Box 667
115 3rd Street
McComb, MS 39649
(O) (601) 684-4000
(F) (601) 249-4394

APPLICATION FOR SIGN PERMIT

DATE RECEIVED IN OFFICE:

SIGN NO.

CONTRACTOR/ERECTOR:	LOCATION/ADDRESS OF SIGN:
Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	_____ _____ Owner's Name _____ Address _____ Phone _____

GROUND-MOUNTED:	BUILDING-MOUNTED:	TYPE OF LIGHTING:
Overall Height _____ Height _____ Length _____ Square Footage _____ Wind Pressure _____ Billboard <input type="checkbox"/>	Height _____ Length _____ Square Footage _____ Façade Area _____ _____ Total Cost: _____	Internal _____ _____ External _____ _____ UL# _____

WORDING ON SIGN(S):	ZONE/ACTION:
_____ _____ _____ _____ _____ _____ _____ _____ Temporary <input type="checkbox"/>	Date Inspected: _____ APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>

I hereby certify that I have read this application and that all information contained herein is true and correct; that I agree to comply with all City Ordinances, Codes, and State Laws regulating sign construction; and that I am the owner or authorized to act as the owner's agent for the herein described work.

Applicant's Signature Date

Sign Coordinator

SITE PLAN

Rough drawing of the actual location in reference to streets(s) and / or buildings. Plot plans accepted also.

SIGN DIMENSIONS

Rough Drawing of height, length and width; to include all foundations dimensions on ground-mounted signs.

AND / OR ATTACH ARCHITECTS / ENGINEERS DRAWINGS

REMARKS

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