

**CITY OF PICAYUNE
SIGN PERMIT APPLICATION**

PLEASE PRINT LEGIBLY

APPLICATION DATE: _____

APPLICATION NO. _____

**200 HWY 11 SOUTH
PICAYUNE, MS 39466
(601) 798-9777**

*PLEASE READ AND FILL IN ALL
INFORMATION THAT IS REQUESTED.
FAILURE TO COMPLETE THIS APPLICATION
MAY RESULT IN A DELAY IN ISSUING THE
DESIRED PERMIT.*

CALL BEFORE YOU DIG! 811

SIGN TYPE:

- STATIC SIGN
 DIGITAL SIGN

LOCATION DESIGNATION:

- ON-PREMISES SIGN
 OFF-PREMISES SIGN

WORK CLASS:

- NEW SIGN CONSTRUCTION
 ALTERATION OF EXISTING
SIGN
 REPAIR OF EXISTING SIGN
 RELOCATION OF EXISTING
SIGN
 ARCHITECTURAL FACADE
REQUIRED
 OTHER

Additional information:

DISPLAY AREA (SQ. FT)

LENGTH:	WIDTH:	HEIGHT:
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SIGN OWNER INFORMATION

SIGN OWNER NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

CONTRACTOR INFORMATION

CONTRACTOR COMPANY NAME: _____

PHONE NO: (____) _____ MISSISSIPPI LICENSE # _____

CONTRACTOR NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PROPERTY INFORMATION

LOCATION ADDRESS: _____

PARCEL NO. _____

IF METES AND BOUNDS ATTACH PHOTOCOPY OR DEED OR SURVEY WITH LEGAL DESCRIPTION

PROPERTY OWNER NAME: _____

ADDRESS: _____

PHONE NO. (____) _____

PERMIT INFORMATION

____ ENGINEER _____ DESIGNER _____ ARCHITECT

STATE OF MS REG#: _____ PHONE NO. (____) _____

NAME: _____

ADDRESS: _____

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
APPLICABLE CODE, ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION;
THAT I AM THE OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT
FOR THE HEREIN DESCRIBED WORK; AND THAT THE TOTAL CONTRACT OR
VALUATION IS: \$ _____

DATE _____ SIGNATURE _____

OFFICE USE ONLY

ZONING DISTRICT _____ COUNCIL DISTRICT _____ FLOOD

ZONE _____

APPROVAL DATE: _____ APPROVED BY: BUILDING/CODE ENFORCEMENT OFFICER

SIGNATURE: _____

*****STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 45 DAYS IF A PERMIT IS NOT ISSUED*****