

SIGN PERMIT APPLICATION



CITY OF PETAL BUILDING DEPARTMENT

P. O. BOX 564, PETAL, MS 39465

PHONE: (601) 544-6048

FAX: (601) 705-0014

Application must be completed in FULL prior to any review. Drawings CANNOT be faxed as they are typically illegible. L.E.D. Signs must also be approved by the Site Plan Review Committee.

Date: _____

Name of Project: _____

Property Address: _____
City State Zip Code

Phone Numbers (cell, office, etc.): _____

If mailing address is different from above – please complete the following information:

Property Owner/Company Name: _____

Mailing Address: _____
City State Zip Code

Phone Numbers (cell, office, etc.): _____

CONTRACTOR INFORMATION

Sign Contractor: _____

Electrical: _____

RESPONSIBLE PARTY FOR CLEANUP/DISPOSAL: _____

Signature Required

Clean-up Contact Person: _____ Company Name: _____

Address: _____ Phone Number: _____

The following items or information is required for review of this application!

- Site Plan/Property Plat with sign location, setback and ALL sign and setback dimensions (attach)
- Vicinity Map for Property Site Required (attach)

Parcel Number: _____ PPIN#: _____

Corner Lot? (yes or no) _____ Interior Lot (yes or no)? _____ Church sign? (yes or no) _____

Are there any existing freestanding signs at this location? (yes or no) _____ School Sign? (yes or no) _____

Engineer Certification (attach) as to: _____ Footing: _____ Wind Load: _____

State/Federal Permit Required (Highway Dept.) (yes or no) _____ If yes, Permit #: _____

Describe Scope of Work: _____

OFFICE USE ONLY

Zoning Classification: _____ Flood Zone: _____
Variance(s) required? _____ If yes, how many and type: _____

SIGN DETAIL

Check appropriate block(s) or indicate letter	1 st SIGN	2 nd SIGN	3 rd SIGN	4 th SIGN
New Sign				
Replace Existing Sign				
Change Out Face Only – NO change in size/message area				
Permanent Sign (P) or Temporary Sign (T)				
Commercial (C) or Non-Commercial (NC)				
Off Premise (need site plan) (Off) or On Premise (On)				
Freestanding (F) or Monument (M)				
Roof Sign (R) or Projecting (P)				
L.E.D. or Marquee (M)				
Building Mounted (B) or Wall Mounted (W)				
Tubing or String of lights (T or S) or Directional (D)				
Billboard (specify if single (S), "V" shaped (V) or back-to back (B/B) style)				
Other (specify type)				

Give details for each proposed sign

Street Frontage (Linear Foot)		ft		ft		ft		ft
Front Setback (to property line/not road)	F	ft	F	ft	F	ft	F	ft
Nearest Side Setback (to property line/not road)	S	ft	S	ft	S	ft	S	ft
Rear Setback (to property line/not road)	R	ft	R	ft	R	ft	R	ft
Overall Sign Height (ground to top of pole)	H	ft	H	ft	H	ft	H	ft
Ground Clearance	C	ft	C	ft	C	ft	C	ft
Sign Height	H	ft	H	ft	H	ft		
Sign Width								
Sign Depth								
How many sides? 1, 2 Multi (M), 3 dimensional (3)								
Distance between backs of signs (B/B)								
Standard Message Area Square Footage (per panel or section)								
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Standard Message Area Square Footage (per panel or section)								
Standard Message Area Square Footage (per panel or section)								
L.E.D. Message Area Square Footage								
TOTAL Message Area for overall sign								
L.E.D. Color								
Illuminated (I) or Non-illuminated (NI)								
Internally Illuminated (II) or Externally Illuminated (EI)								
For Building or Wall Signs: Size/Area Height								
For Building or Wall Signs: Size/Area Width								
For Building or Wall Signs: Overall Wall Size/Area								
For Billboards – Distance fro closest billboard on same side of street								

If Commercial Project over \$10,000 then you must provide an MPC Number: _____

Total Job Cost: _____

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

Print Name: _____

Signature: _____

PERMIT FEE:

OFFICE USE ONLY

Notes: _____

Approved By: _____

Date approved: _____

Date Issued: _____

Permit Number: _____