

CITY OF FLOWOOD BUILDING APPLICATION

**SIGN PERMIT**

2101 AIRPORT RD / P. O. BOX 320069, FLOWOOD, MS 39232

PHONE # 601-939-4279

NAME OF SIGN \_\_\_\_\_

ADDRESS OF SIGN \_\_\_\_\_

**SIGN CONTRACTOR:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_

**PROPERTY OWNER:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL TO SEND PERMIT \_\_\_\_\_

**COLOR RENDERING SKETCH REQUIRED**

SETBACK REQUIREMENTS: FRONT: 15 FEET SIDE: 5 FEET

GROUND MOUNTED  
SQ. FT. \_\_\_\_\_

BUILDING MOUNTED  
SQ. FT. \_\_\_\_\_

TOTAL SQ. FEET  
\_\_\_\_\_

WIND PRESSURE \_\_\_\_\_

VALUATION / CONTRACT AMOUNT \_\_\_\_\_ X 02%= \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_ X .60= \_\_\_\_\_

FILE FEE \_\_\_\_\_ **15.00**

TOTAL PERMIT FEE \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE \_\_\_\_\_

APPROVED BY

DATE \_\_\_\_\_