

CITY OF FLOWOOD
BUILDING DEPARTMENT

2101 AIRPORT ROAD
P.O. BOX 320069
FLOWOOD, MS 39232

PHONE 601-939-4279
FAX 601-420-3332

APPLICATION FOR SIGN PERMIT

NAME OF SIGN _____

LOCATION OF SIGN (ADDRESS) _____

EMAIL OR FAX _____

SIGN CONTRACTOR:

PROPERTY OWNER:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

COLOR RENDERING SKETCH REQUIRED
SETBACK REQUIREMENTS; FRONT: 15 FEET SIDE: 5 FEET

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GROUND-MOUNTED	BUILDING MOUNTED	TOTAL SQ. FEET
SQ. FT. _____	SQ. FT. _____	_____
WIND PRESSURE _____		

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VALUTATION/CONTRACT AMOUNT _____ X 02% = _____

TOTAL SQ. FOOTAGE _____ X .60 = _____

FILE FEE 15.00

PERMIT FEE _____

APPLICANT'S SIGNATURE _____

APPROVED BY _____

DATE _____

DATE _____