

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 \_\_\_\_\_

SIGN CONTRACTOR:

PROPERTY OWNER:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

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

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

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

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

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

FILE FEE 15.00

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

APPLICANT'S SIGNATURE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_