

CITY OF POPLARVILLE 200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470 Phone: 601-795-8161 Fax: 601-795-0141 Code Enforcement Officer: Kolby Davis * 601-916-5727 * <u>kdavis@poplarvillems.gov</u> <u>deputyclerk2@poplarvillems.gov</u> * cityhall@poplarvillems.gov

SIGN PERMIT APPLICATION

TO BE COMPLETED BY AP (Please print.) Property Address			E
Applicant Name			
If Commercial, Company Nar	ne		
Mailing address			
Phone	Cell	Fa	ax
IF APPLICANT IS NOT THE	OWNER, complete the fol	lowing:	
Property Owner Name			
Mailing Address			
City		State	Zip
Phone	Cell	Fa	ax
	SIGN I	NFORMATION	
The Zoning Ordinance does	s not allow for off premis	e signs or billboards.	
Total number of signs	New	Change-Out	PermanentTemporary
Freestanding	Building Mounted	Wall M	lounted
Sign Measurements:	Height,Wid	th,Depth	Message Area
Ground Clearance	Sight Triangle	Building Frontage	Lot:CornerInterior
Setbacks: Front	, Back,	Nearest Side	
Illuminated:Yes Wind Loadm	Electrical Permit re		al; #Watts/Amps Job Cost

SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION:

1. For ALL Signs – Sign rendering, materials, finishes, etc.

- 2. Ground Signs Scale drawing of site showing property lines, proposed location of sign, dimensions of building, dimensions of sign, landscaping around sign.
- 3. Wall Signs Dimensions of building, proposed location of sign, dimensions of sign.

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CONTRACTOR INFORMATION:
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Sign Contractor			
Electrical Contractor			
Clean-up Contact Person:	Company Name:		
Address:	PI	hone:	
Signature of Responsible Party for Clean-	up/Disposal:		
A Copy of The	City of Poplarville Sign Ordina	ance Is Attached	
NOTE: IF A VARIANCE IS NEEDED, A 2	ONING APPLICATION MUST E	BE SUBMITTED WITH	A \$50 FILING FEE.
IT IS THE APPLICANT'S RESPONSIBILI INSTALLATION OF THE SIGN.	TY TO ENSURE THE PERMIT I	HAS BEEN APPROVE	D PRIOR TO
I hereby certify that I have read and exa	mined this document and know	w the same to be true	and correct:
Applicant (Please print)		9	Date
Witnessed th	his the day of	, 20_	
	City Clerk / Dep	outy Clerk	
We are a	an Equal Opportunity Servic	e Provider	
APPROVED BY CODE ENFORCEMENT	OFFICER		DATE
INITIAL INSPECTION:		DATE	

FINAL INSPECTION: _____ DATE _____