TOWN OF SMITHVILLE
SIGN PERMIT APPLICATION

PLEASE PRINT LEGIBLY

APPLICATION DATE: _____

63443 Highway 25 N, Smithville, MS
662.651.4411

Please read and fill in ALL information that is requested. Failure to complete this application may result in a delay in issuing the desired permit.
CALL BEFORE YOU DIG! 1-800-227-6477

SIGN TYPE:

- ☐ STATIC SIGN
- ☐ DIGITAL SIGN

LOCATION DESIGNATION:

- ☐ ON-PREMISES SIGN
- ☐ OFF-PREMISES SIGN.

WORK CLASS:

- ☐ NEW SIGN CONSTRUCTION
- ☐ ALTERATION OF EXISTING SIGN
- ☐ REPAIR OF EXISTING SIGN
- ☐ RELOCATION OF EXISTING SIGN
- ☐ ARCHITECTURAL FACADE REQUIRED
- ☐ OTHER

ADDITIONAL INFORMATION:

_____

_____

_____

_____

DISPLAY AREA (SQ. FT.):		
LENGTH:	WIDTH:	HEIGHT:

ARE ANY STRUCTURES EXISTING ON PROPERTY? (Y/N): _____

Permit Fee (Based on Estimated Value of Construction):
$15.00 - First $1,000.00 of EVC
$ 7.00 - Each additional $1,000.00 of EVC

SIGN OWNER INFORMATION

SIGN OWNER NAME: _____

ADDRESS: _____
Street City State Zip

CONTRACTOR INFORMATION

CONTRACTOR COMPANY NAME: _____

PHONE NO:(_____) _____ MS LICENSE # _____

CONTRACTOR NAME: _____
Last First

ADDRESS: _____
Street City State Zip

EL. CONT: _____

PROPERTY INFORMATION

JOB STREET ADDRESS: _____

JOB AD VALOREM TAX PARCEL NUMBER: _____
(REQUIRED FOR ISSUANCE)

PROPERTY OWNER NAME: _____
Last First

ADDRESS: _____
Street City State Zip

PHONE NO: (_____) _____

PERMIT INFORMATION

_____ ENGINEER _____ DESIGNER _____ ARCHITECT

STATE OF MS REG#: _____ PHONE NO.:( ) _____

NAME: _____

ADDRESS: _____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT; THAT I AGREE TO COMPLY WITH ALL APPLICABLE CODES, ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION; THAT I AM THE OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK; AND THAT THE TOTAL CONTRACT OR ESTIMATED VALUE OF CONSTRUCTION IS:

$ _____

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

ZONING DISTRICT: _____ AEAZD: _____ WARD: _____ SPECIAL FLOOD HAZARD AREA: _____

FIRE DISTRICT (Y/N) _____ PROPOSED USE: _____ REPORT CODE: _____

ARC REVIEW REQUIRED (Y/N): _____ ARC APPROVAL DATE: _____

APPROVAL DATE: _____ APPROVED BY PLANNING: _____

APPROVAL DATE: _____ APPROVED BY BUILDING: _____

APPROVAL DATE: _____ APPROVED BY CODE ENFORCEMENT: _____

STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 45 DAYS IF A PERMIT IS NOT ISSUED