

**CITY OF TUPELO SIGN PERMIT APPLICATION**

Department of Development Services  
 PO Box 1485, Tupelo, MS 38802-1485  
 Phone (662) 841-6510 FAX (662) 841-6550  
 E-mail address: Russ.Wilson@tupeloms.gov



<b>NAME OF PROJECT</b>	<b>PROJECT STREET ADDRESS</b>	<b>TAX PARCEL NUMBER</b>
<b>OWNER'S NAME</b>	<b>ADDRESS</b>	<b>BUSINESS PHONE</b>
<b>SIGN CONTRACTOR</b>	<b>ADDRESS</b>	<b>BUSINESS PHONE</b>
<b>ELECTRICAL CONTRACTOR</b>	<b>ADDRESS</b>	<b>BUSINESS PHONE</b>

**PROJECT DESCRIPTION:**

WRITE A DESCRIPTION OF WHAT YOU ARE DOING: \_\_\_\_\_

**HAVE YOU OBTAINED YOUR CERTIFICATE OF OCCUPANCY OR BUILDING PERMIT?** \_\_\_\_\_ (yes or no)  
 (A sign permit may not be issued unless a Certificate of Occupancy or Building Permit has been issued.)

**ARE YOU ADDING A NEW ELECTRICAL CIRCUIT OR METER?** \_\_\_\_\_

**HAVE YOU APPLIED FOR YOUR MATERIAL PURCHASE CERTIFICATE?** \_\_\_\_\_  
 (MS Department of Revenue requires a Material Purchase Certificate on all commercial contracts over \$10,000 in value. State law requires permitting agency to have a copy on file with the permit.)

**GROUND SIGN**

# OF SQUARE FEET OF EXISTING SIGN:	PROPOSED # OF SQUARE FEET FOR NEW SIGN:	HEIGHT OF NEW SIGN:	DISTANCE OF NEW SIGN FROM THE STREET:
VALUE OF SIGN & INSTALLATION:			
PROVIDE A SITE PLAN SHOWING LOCATION OF GROUND SIGN AND AN SCALED ELEVATION DRAWING OF SIGN.			

**WALL SIGN**

# OF SQUARE FEET OF EXISTING SIGN:	PROPOSED # OF SQUARE FEET FOR NEW SIGN:	LINEAR WIDTH OF BUILDING SIDE WHERE SIGN IS TO BE PLACED:
VALUE OF SIGN & INSTALLATION:		
PROVIDE A SCALED ELEVATION DRAWING OF SIGN.		

**TEMPORARY SIGNS (BANNERS, STREAMERS OR INFLATABLE)**

(Banners Or Streamers May Be Use For 2 Weeks Each Quarter. An Inflatable May Be Used For One Week.)

DATE OF LAST BANNER:	PROPOSED # OF SQUARE FEET FOR BANNER:	WHEN WILL BANNER BE USED?
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**CERTIFICATION**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. I further agree to submit any revisions of this application or plans that are made during construction for approval from the Department of Planning and Community Development.

**SIGN PERMITS ARE NULL AND VOID IF THE SIGN IS NOT INSTALLED WITHIN SIX MONTHS OF PERMIT ISSUANCE.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE**

PARCEL NUMBER:	ABLE TO COMPLY WITH 100 FEET SEPARATION REQUIREMENT:	BUILDING DISTANCE FROM RIGHT-OF-WAY:
DATE:	APPROVED:	
NOTES:		