

City of Jackson
Planning, Zoning and Building Code Enforcement
Sign Permit Application

Applicant Name: _____

Applicant Address: _____

Phone Number: _____ Email Address: _____

Is Applicant the owner of the business in which the sign is being installed? ____ Yes ____ No
If no, please provide the name of the business: _____

Site Information

Location of the sign: _____

Is the location within a shopping center? ____ Yes ____ No

If so, what is the name of the shopping center: _____

Lot Size: _____ Building Size: _____ Length of Street Frontage: _____

Sign Information

Type of Sign (circle one): *Free Standing Monument/Ground-mounted Building mounted*

Height of Sign: _____ Width of Sign: _____ Square footage: _____

Height of Sign from Ground: _____ Cost of Sign: \$ _____

Please attach the following information with the permit:

- Sketch of the site showing Building, Sign location and setbacks.
- Sketch of sign showing height, width and height above ground.

I herby certify that I am the owner or am acting on the owners' behalf in filing this application for sign permit approval. I further certify that all information contained herein and/or attached is accurate.

Applicant Signature

Date

Office Use only

Permit Number: _____ Zone District: _____

Application Status: _____ Fee Paid: \$ _____

Zoning Official: _____

Notes: _____