

SIGN PERMIT APPLICATION

City of Starkville

110 West Main Street

Starkville, MS 39759

Ph:662.323.2525

Email: buildingdept@cityofstarkville.org



APPLICANT'S INFORMATION

Name: _____ Phone: _____

Company Name: _____

Email: _____

Address: _____

PROPERTY OWNER'S INFORMATION (IF NOT APPLICANT)

Name: _____ Phone: _____

Email: _____

Address: _____

PROPERTY INFORMATION

Property Address: _____

Parcel Number: _____ Current Zone District: _____

Project Name: _____

SIGN INFORMATION

Sign Face Change Only: Yes No Sign Cost: (installation and materials)

- Sign Type: (check all that apply)
- Wall Sign Projection Sign Suspended Sign Awning Sign Marquee Sign
 - Monument Sign Fence Screen Sign Construction Sign
 - Residential Development Entrance Sign Development Entrance Sign
 - Electronic Message Center Sign Face Change Only

Project Description:

(Attach illustration(s) with dimensions of all proposed signage)

Applicant's Signature: _____ Property Owner's Signature: _____

Date: _____ Date: _____