

# 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:  Wall Sign  Projection Sign  Suspended Sign  Awning Sign  Marquee Sign  Monument Sign  
(check all that apply)  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: \_\_\_\_\_  
(required if not applicant)

Date: \_\_\_\_\_

Date: \_\_\_\_\_