

**CITY OF GULFPORT
SIGN PERMIT APPLICATION**

VER. 11/1/11
PLEASE PRINT LEGIBLY

APPLICATION DATE: _____

APPLICATION # _____

1410 24th Avenue, Gulfport, Mississippi 39501
(228) 868-5715

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): _____

* ATTACH CREDIT CERTIFICATE REQUIRED FOR THE CONSTRUCTION OF ANY NEW OFF-PREMISE SIGN UNDER SECTION 9-122 OF THE SIGN ORDINANCE

SIGN OWNER INFORMATION

SIGN OWNER NAME: _____

ADDRESS: _____
Street City State Zip

CONTRACTOR INFORMATION

CONTRACTOR COMPANY NAME: _____

PHONE NO: (_____) _____ GULFPORT 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)

* IF METES AND BOUNDS ATTACH PHOTOCOPY OR DEED OR SURVEY WITH LEGAL DESCRIPTION

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 VALUATION 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