

SIGN PERMIT APPLICATION  
CITY OF LAUREL  
P. O. BOX 647  
LAUREL, MS 39441-0647  
(601) 428-6438 OR FAX (601) 426-0043

DATE \_\_\_\_\_

Application is made to install a sign or signs on the property known as:

Street Address or Location: \_\_\_\_\_

City of Laurel/Jones County Parcel Number/PPIN: \_\_\_\_\_

Which is located in the \_\_\_\_\_ Zoning District. This property is:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other (explain) \_\_\_\_\_

\*\*\*\*\*  
Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

email address \_\_\_\_\_

\*\*\*\*\*  
Lessee (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

email address \_\_\_\_\_

\*\*\*\*\*  
Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

email address \_\_\_\_\_

**\*\*\*\*NOTE: NO SIGN PERMIT WILL BE ISSUED UNTIL A CURRENT PRIVILEGE LICENSE HAS BEEN PRESENTED\*\*\*\***

Sign Permit Application

Page 2

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

Job Location: \_\_\_\_\_

**GROUND MOUNTED SIGNS**

No. of Ground Mounted Signs Proposed: \_\_\_\_\_

Type of Ground Mounted Sign/signs Proposed (Check all that apply):

On-Premise \_\_\_\_\_ Off-Premise: \_\_\_\_\_ Trailer/Portable: \_\_\_\_\_

Special Purpose/Use \_\_\_\_\_ Billboard \_\_\_\_\_ Other \_\_\_\_\_

Size (Dimensions) \_\_\_\_\_ Size (Total Square Footage): \_\_\_\_\_

Height: \_\_\_\_\_ Number of Existing Signs on Premise: \_\_\_\_\_

Distance from Closest Ground Mounted Sign \_\_\_\_\_

Vertical Clearance: \_\_\_\_\_ Street Frontage in Linear Feet: \_\_\_\_\_

Illuminated: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: Internal \_\_\_\_\_ or External \_\_\_\_\_

Name of Electrician (If applicable): \_\_\_\_\_

Brief Description of Ground Mounted Sign \_\_\_\_\_

\_\_\_\_\_

**BUILDING MOUNTED SIGNS**

No. of Building Mounted Signs Proposed: \_\_\_\_\_

Type of Building Mounted Sign/signs Proposed (Check all that apply):

Wall: \_\_\_\_\_ Projecting: \_\_\_\_\_ Roof: \_\_\_\_\_ Marquee: \_\_\_\_\_

Under Canopy: \_\_\_\_\_ Special Purpose/us: \_\_\_\_\_ Other \_\_\_\_\_

Square Footage of each façade on which signs is to be mounted:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side 1: \_\_\_\_\_ Side 2:: \_\_\_\_\_

Square Footage of each sign/total signs proposed for façade:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side 1: \_\_\_\_\_ Side 2:: \_\_\_\_\_

Number of Existing Signs on Building: \_\_\_\_\_

Illuminated: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: Internal \_\_\_\_\_ or External \_\_\_\_\_

Name of Electrician (If applicable): \_\_\_\_\_

Brief Description of Building Mounted Sign \_\_\_\_\_

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

Job Location: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE IN THE SIGN OR SIGNS TO BE INSTALLED AT THE LOCATION ABOVE FOLLOWING SUBMISSION OF THIS APPLICATION AND/OR ISSUANCE OF A SIGN PERMIT BASED ON THIS APPLICATION, AN AMENDED APPLICATION MUST BE SUBMITTED AND APPROVED BY THE CITY OF LAUREL SUPERINTENDENT OF INSPECTION AND MAINTENANCE.

ALSO IT IS HEREBY UNDERSTOOD AND AGREED THAT THE WORK IS TO BE DONE ACCORDING TO SPECIFICATIONS AND REQUIREMENTS AS SET FORTH IN THE ORDINANCES OF THE CITY OF LAUREL, MISSISSIPPI, GOVERNING SUCH WORK AND IT IS UNDERSTOOD AND AGREED THAT SHOULD THE CONTRACTOR AND/OR OWNER FAIL OR REFUSE TO COMPLY WITH THE SAID ORDINANCES OF SAID CITY OF LAUREL, THEN SUCH PERMIT SHALL IMMEDIATELY BECOME NULL AND VOID. SUCH PERMIT IS GIVEN WITH THE UNDERSTANDING THAT THE CONTRACTOR AND/OR OWNER WILL SAVE THE CITY OF LAUREL HARMLESS FORM ANY ACCIDENT OR INJURY WHICH MAY BE CAUSED BY HIS WORK OR NEGLIGENCE.

OWNER/REPRESENTATIVE/CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL JOB COST \_\_\_\_\_ PERMIT COST \_\_\_\_\_

Fees Paid \_\_\_\_\_ (Date) \_\_\_\_\_

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**THE FOLLOWING APPLIES TO THE CONTRACTOR'S RESPONSIBILITY IN REGARD TO SIGN PERMITS:**

- 1) **Must contact Mississippi One Call**
  - 2) **Must confirm City and/or State ROW**
  - 3) **Must ensure that any electrical work is performed by a licensed electrician and inspected by the City for compliance with City codes**
  - 4) **Must obtain a permit for any redesign or reconfiguration of an existing sign**
  - 5) **Must obtain a site inspection before sign is permanently placed**
  - 6) **Must comply with any other regulation required by the City.**
  - 7) **Must confirm if project is in CBD (C-4)**
  - 8) **Must confirm if project is in Historic District. If so must obtain approval from Historic Preservation Commission prior to sign placement.**
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APPROVED BY _____	TITLE _____
DATE APPROVED _____	PERMIT # _____
DATE ISSUED _____	INITIALS OF PREPARER _____