

CITY OF BYRAM
Department of Community Development

Sign Permit Application

Date: _____

Name of Applicant: _____

Contact: _____

Address: _____

Phone # _____

Contact Signature: _____

Property Owner: _____

Address: _____

Phone: _____

Sign Contractor: _____

Address: _____

Phone: _____

Location of Sign

Zoning District: _____

Type of Sign: ____Wall ____Ground Mounted

Sign Dimensions

Wall:
Height: _____ Width: _____
Total Sq. Ft. _____

Ground Mounted:
Height: _____ Width: _____
Total Sq. Ft. _____

Lineal Ft. of building or space to be leased: _____

Contract Cost: _____

Permit Cost: _____

Received by: _____

PLEASE ATTACH RENDERING OF SIGN TO APPLICATION

Sign is: APPROVED _____ (Date) DENIED: _____ (Date) BY: _____

Reason for Denial: _____

Office: 601-372-7791 Fax: 601-372-0191 P.O. Box 720609 Byram, MS 39272