



CITY OF MADISON

1008 Madison Ave, P.O. Box 40, Madison, Mississippi 39130-0040, (601) 856-6336

Sign Application Number _____
Date Application Submitted _____

Business/Project/Subdivision Name _____

Owner Name: _____

Address: _____

Telephone: _____

Applicant/Contact Person _____

Phone Number _____

Owner/Applicant Signature _____

Type of Sign _____

Permanent _____ Temporary _____

Duration of sign if temporary _____

Location of Sign _____

Zoning District _____

Will Sign be Illuminated? _____

If so, how? _____

Submit the following information along with the application:

1. For all signs – sign rendering, materials, finishes, etc.
2. Ground signs – a scale drawing of site showing property lines, proposed location of sign, dimensions of building, dimensions of sign, landscaping around sign.
3. Wall signs – dimensions of building, proposed location of sign, dimensions of sign.
4. Temporary sign – dimensions of sign, location of sign.

() Approved

() Approved with Comments _____

() Not Approved with Reason _____

Sign Ordinance Enforcement Officer

Date