

CITY OF GLUCKSTADT, MISSISSIPPI

P.O. Box 2210 Madison, MS 39110
343 Distribution Drive, Madison, MS 39110
Phone: 769-567-2306 Fax: 769-567-2305

Sign Permit Application

<p>Date: <u>30 MAR 2022</u></p> <p>Name of Applicant: <u>MAD ESTHETICS Med SPA</u></p> <p>Contact: <u>Rachel Heilshorn</u></p> <p>Address: <u>272 CATHOU STATION SUITE E (2 SUITES)</u></p> <p>Phone #: <u>937.209.8256</u></p> <p>Applicant Signature: <u>Reggie Stokes</u></p> <p>Property Owner: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>*Sign Contractor: <u>Budget Signs</u></p> <p>*Address: <u>2358 HWY B JACKSON, MS 39204</u></p> <p>*Phone: <u>601.354.4977</u></p> <p>*Please note:</p> <ol style="list-style-type: none">*Rendering of sign <u>must</u> be attached*If replacing a sign, a rendering of the existing sign <u>must</u> also be attached	<p>Location of Sign <u>FRONT OF BUILDING</u></p> <p>Total square footage of existing signs to remain: _____</p> <p>*Will this Sign be lighted? <u>Yes</u> <u>FRONT 117 CHANNEL LETTERS</u></p> <p>*New Sign Dimensions</p> <p>Wall: _____</p> <p>Height: <u>38"</u> Width: <u>271"</u></p> <p>Total Sq. Ft. <u>71.5 SQ FT</u></p> <p>Monument: _____</p> <p>Height: _____ Width: _____</p> <p>Total Sq. Ft. _____</p> <p>*Lineal Ft. of building or space to be leased that faces public street: <u>50'W X 30'H</u></p> <p>*Contract Cost: <u>\$ 4,800⁰⁰</u></p> <p>Zoning District: _____</p> <p><u>ALL FIELDS MUST BE COMPLETED</u></p>
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<p>Sign is: APPROVED: <u>3/31/22</u> DENIED: _____ By: <u>[Signature]</u></p> <p>(Date) (Date)</p> <p>Comments: <u>Permit # 2022-13</u></p> <p>Permit Cost: <u>40⁰⁰</u> Received by: <u>[Signature] CE # 29583</u> <u>4-5-22</u></p>	<p><i>For office use only</i></p> <p>Admin. Fee: _____</p> <p>Lighted: _____</p> <p>Size: _____</p> <p>Banner: _____</p> <p>Total: _____</p>
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