

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

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| Date: <u>26 May 2022</u> | Location of Sign <u>Front of Building</u> |
| Name of Applicant: <u>KINCAID Dental</u> | Total square footage of existing signs to remain : _____ |
| Contact: <u>LATIMUS DARRINGTON</u> | *Will this Sign be lighted? <u>yes</u> |
| Address: <u>272 Colliers Station</u> | <u>Expanded Channel Letters</u> |
| <u>Suite G</u> | *New Sign Dimensions |
| Phone #: <u>601.700.2507</u> | Wall: _____ |
| Applicant Signature: <u>Rensie Styles</u> | Height: <u>21</u> Width: <u>166</u> |
| Property Owner: _____ | Total Sq. Ft. <u>24 sq. ft.</u> |
| Address: _____ | Monument: _____ |
| Phone: _____ | Height: _____ Width: _____ |
| *Sign Contractor: <u>Budget Signs</u> | Total Sq. Ft. _____ |
| *Address: <u>2359 Hwy 80 West</u> | *Lineal Ft. of building or space to be leased that faces public street: <u>21'</u> |
| <u>JACKSON, MS</u> | *Contract Cost: <u>3,000⁰⁰</u> |
| *Phone: <u>601.354.4979</u> | Zoning District: _____ |
| *Please note: | <u>*ALL FIELDS MUST BE COMPLETED</u> |
| 1. *Rendering of sign <u>must</u> be attached | |
| 2. *If replacing a sign, a rendering of the existing sign <u>must</u> also be attached | |

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|---|------------------------------------|
| Sign is: APPROVED <u>6/2/22</u> DENIED: _____ <small>(Date) (Date)</small> | <small>For office use only</small> |
| Comments: <u>permit 2022 3p</u> | Admin. Fee: _____ |
| Permit Cost: <u>\$3000</u> | Lighted: _____ |
| Received by: <u>[Signature]</u> <u>6/2/22</u> | Size: _____ |
| | Banner: _____ |
| | Total: _____ |

