

SIGN PERMIT

City of Collins
P O Box 400
Collins, MS 39428
(601)765-4491

Shane Knight
Public Works Director

Job Address:

OWNER	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR	MAIL ADDRESS	ZIP	PHONE
ARCHITECT OR DESIGNER	MAIL ADDRESS	ZIP	PHONE
ENGINEER	MAIL ADDRESS	ZIP	PHONE

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR MOVE
(CIRCLE ONE)

DESCRIPTION OF WORK:

TYPE OF CONSTRUCTION:

DOUBLE FACED SINGLE FACED NON-ILLUMINATED ILLUMINATED

COLORS:

SPECIAL CONDITIONS:

PLANS ATTACHED: YES NO

VALUATION OF WORK:

APPLICATION ACCEPTED BY:

PLANS CHECKED BY:

APPROVED FOR ISSUANCE BY:

SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED
ZONING:			
HEALTH DEPT:			
FIRE DEPT:			
SOIL REPORT:			
OTHER:			

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HERBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

SIGNATURE OF OWNER (IF OWNER IS BUILDER)

DATE