CITY OF BYRAM Department of Community Development

Sign Permit Application

Date:	Location of Sign
Name of	
Applicant:	Zoning District:
Contact:	
Address:	Type of Sign:WallGround Mounted
	Sign Dimensions
Phone #	Wall:
	Height:Width:
Contact Signature:	Total Sq. Ft
	Ground Mounted:
Property Owner:	Height:Width:
Address:	Total Sq. Ft
Phone:	Lineal Ft. of building or space to be leased:
Sign Contractor:	
Address:	Contract Cost:
	Permit Cost:
Phone:	Received by:
PLEASE ATTACH RENDERING OF SIGN TO APPLICATION	
Sign is: APPROVED DENIED:_	
(Date)	(Date)
Reason for	
Denial:	
Office: 601-372-7747 Fax: 601-372-7748	P.O. Box 720222 Byram, MS 39056