



City of Ocean Springs
Building Department
1014 Porter Avenue-P.O. Box 1800
Ocean Springs, MS. 39564
Phone 228-875-6712

SIGN PERMIT APPLICATION

Name of Sign Contractor _____

Sign Contractor Address _____ Phone No. _____

Job Location _____

Name of Business _____

Name of Business Owner _____ Phone No. _____

Property Owner _____ Manager _____

Total Valuation of Sign _____ Type of Sign _____
(Ex: Canopy, Freestanding, Roof, Wall)

Width of Building _____ Lot Width _____

Sign Square Footage _____ Electrical required? _____

Height of Sign _____
(From ground to top of sign)

Signature of Applicant _____ Date _____

Drawing of sign and where it is to be located on property is required with all sign applications. No sign shall be erected/installed without a permit.

*****For Office Use Only*****

Parcel ID # _____ Use Zone _____

Type of Sign _____ Size _____

Approved By: _____ Date _____
Planning Department

Approved By: _____ Date _____
Building Official