



**APPLICATION FOR SIGN REVIEW AND APPROVAL** \_\_\_\_\_ **APPLICATION FEE \$10**  
**CITY OF MANDEVILLE**

DATE \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_  
OVERLAY DISTRICT \_\_\_\_\_

\*PERMIT NUMBER REQ'D \_\_\_\_\_

SIGN ADDRESS \_\_\_\_\_

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
APPLICANT	_____	_____	_____
SIGN OWNER	_____	_____	_____
PROPERTY OWNER	_____	_____	_____
SIGN ERECTOR	_____	_____	_____
CONTACT PERSON	_____	_____	_____

SIGN SIZE \_\_\_\_\_ SQ. FT.      # OF FACES \_\_\_\_\_      TOTAL HEIGHT FROM GROUND \_\_\_\_\_

PREMISE TYPE:    \_\_\_ SINGLE OCCUPANCY    \_\_\_ MULTI-OCCUPANCY    \_\_\_ PROFESSIONAL CENTER

<u>SIGN TYPE:</u>	<u>MATERIAL</u>	(Desc./Model)
___ I.D. SIGN	___ PAINTED	
___ ATTACHED	___ FREESTANDING	___ RAISED LETTERS
___ FREESTANDING	___ ATTACHED	___ CABINET
___ MONUMENT		___ OTHER

___ OCCUPANT SIGN (TENANT)	<u>COLOR(S)</u>
___ ATTACHED	_____
___ SEPARATE BUILDING OR CORNER UNIT	
___ 50% MONUMENT SIGN	

\_\_\_ CHANGEABLE MESSAGE SIGN

\_\_\_ OTHER \_\_\_\_\_ (TEMPORARY)

ILLUMINATION:    \_\_\_ YES    \_\_\_ NO

TYPE \_\_\_\_\_

DOES PROPOSED SIGN MATCH  
ADJACENT SIGNS IN    COLOR: \_\_\_ YES    \_\_\_ NO    SIZE: \_\_\_ YES    \_\_\_ NO

SIGN CALCULATION SHEET ATTACHED \_\_\_\_\_

LIST OF OTHER SIGNS ON PREMISES ATTACHED

\_\_\_\_\_

ADMINISTRATION REVIEW

DECISION OF ADMINISTRATION:

\_\_\_ APPROVED

\_\_\_ DENIED DATE \_\_\_\_\_

REASONS:

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INSTRUCTION TO BUILDING INSPECTOR:

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SIGNATURE OF ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_