



The CITY OF PARIS

APPLICATION FOR SIGN PERMIT

Permit Number: _____
Total Fees Due: _____

PROPERTY INFORMATION:

Address: _____

Lot: _____ Block: _____ Subdivision: _____ Current Zoning: _____

Business Name: _____

Linear frontage of property (if located on a corner, include both frontages): _____

Linear frontage of the building (store frontage): _____

Is this property located in a historic district? Yes No Is this property located on a corner lot? Yes No

If yes, COA Number: _____

OWNER/APPLICANT INFORMATION:

Owner/Applicant's Name: _____ Email: _____

Owner/Applicant's Address: _____ Phone: _____

CONTRACTOR INFORMATION:

Sign Contractor: _____ Phone: _____

Will there be electricity connected to the sign? If yes, please provide the information below.

Electrical Contractor: _____ Phone: _____

DESCRIPTION OF PROPOSED PROJECT:

Type of project: New Installation
 Alteration
 Major Repair- Describe: _____

Type of Sign Being Installed or Repaired:

- Attached Sign
- Detached Signs
- Billboard
- Other (Specify) _____

Total Square Footage of Proposed Sign/s: _____

Please list all existing sign square footage in the blanks provided. If there is no sign please write none.

Total Square Footage of Existing Signs:	Will This Sign Be Removed?
Attached signs _____	YES NO
Detached signs _____	YES NO
Billboards _____	YES NO

REQUIRED SUBMITTALS: SITE PLAN DRAWING AND SIGN CONSTRUCTION DOCUMENTS

NOTICE TO APPLICANT:

I have carefully read the complete application and know the same is true and correct. I hereby agree to comply with all provisions of local, State, and Federal Laws will be complied with, whether herein specified or not. As the owner of the above property or a duly authorized agent, I hereby grant permission to enter the premises and make all necessary inspections.

Signed: _____ Address: _____

Print Name: _____ Phone Number: _____

Date: _____ Fax #: _____



The CITY OF PARIS

APPLICATION FOR TEMPORARY SIGN PERMIT

Permit Number: _____
Total Fees Due: _____

PROPERTY INFORMATION:

Address: _____

Lot: _____ Block: _____ Subdivision: _____ Current Zoning: _____

Business Name: _____

Is this property located in a historic district? Yes No

Is this property located on a corner lot? Yes No

OWNER/APPLICANT INFORMATION:

Owner/Applicant's Name: _____ Email: _____

Owner/Applicant's Address: _____ Phone: _____

CONTRACTOR INFORMATION:

Sign Contractor: _____ Phone: _____

TYPE OF SIGN:

- Banner** (Valid for 30 consecutive days/ 5 times a year/ maximum 50 square feet)
- Cloud Buster Balloon** (Valid for 30 consecutive days/ 2 times a year)
- Inflatable Device Sign** (Valid for 30 consecutive days/ 2 times a year)
- Construction/Project Sign** (Maximum 32 square feet/ maximum height 8 feet)
- Other (Specify)** _____

Total Square Footage of Proposed Sign/s: _____

APPLICANT SHALL REMOVE THE PERMITTED TEMPORARY SIGN ON EXPIRATION DATE SIGN IS PROHIBITED IN RIGHT-OF-WAY. IF IN RIGHT-OF-WAY, CITY MAY REMOVE SIGN IMMEDIATELY & DISPOSE.

Start Date: _____ End Date: _____

NOTICE TO APPLICANT:

I have carefully read the complete application and know the same is true and correct. I hereby agree to comply with all provisions of local, State, and Federal Laws will be complied with, whether herein specified or not. As the owner of the above property or a duly authorized agent, I hereby grant permission to enter the premises and make all necessary inspections.

Signed: _____ Address: _____

Print Name: _____ Phone Number: _____

Date: _____ Fax #: _____