

(ABOVE RESERVED FOR RECORDING DATA)

Permit No. _____

**CITY OF JACKSON
SIGN PERMIT**

PH: 507-847-4410

Date _____

FAX: 507-847-5586

Applicant must complete numbered spaces only (Please print in ink)

1. Job Address		Parcel No.		
2. Legal Desc.	Lot. No.	Blk.	Tract	
Name		Mail address		Zip Code
Phone #				
3. Owner				
4. Contractor/Designer/Applicant				
5. Architect or Designer				
6. Dimension of Sign (length/width/overall height)				Sq. Ft.
7. Describe Work				
8. Will sign be within 6 feet of existing electric and TV lines? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Will there be construction parking on the street? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Outside storage of construction materials and equipment is permitted while construction pursuant to the permit progresses.				

If you are going to be digging more than 12" down during this project, make one phone call first. Call GOPHER STATE ONE CALL at 1-800-252-1166 and they will notify any utilities in the area of the project. Failure to notify GSOC prior to digging could result in a \$500 fine, plus replacement of utilities that are damaged.

NOTICE

PERMIT SHALL EXPIRE AND TERMINATE IF WORK [1] IS NOT BEGUN WITHIN ONE YEAR; [2] LIES IDLE FOR SIX MONTHS OR MORE; OR [3] HAS NOT BEEN COMPLETED WITHIN 18 MONTHS.

* I HEREBY 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.

X _____ (DATE)
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

X _____ (DATE)
SIGNATURE OF OWNER

SIGNATURE OF ZONING OFFICIAL (DATE)

**PERMIT NOT VALID
UNLESS SIGNED BY
ZONING OFFICIAL**

(Please complete, date and sign Plot Plan on reverse side of this application.)

