

Temporary / Permit Sign Permit

Town of Byhalia
P. O. Box 412/225 Hwy 309 South
Byhalia MS. 38611
Office 662-838-2135/Fax 662-838-3709

FEE DUE: _____

RECEIPT# _____

RECORDING FEE: \$1.00

PERMIT# _____

TOTAL FEES DUE: _____

SUBDIVISION: _____ LOT # _____ ZONED: _____

OWNER OF PREMISES: _____

OWNER'S ADDRESS: _____

BUSINESS NAME: _____

PREMISES TO BE OCCUPIED BY: OWNER: _____ TENANT: _____

SIGN ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

BANNER: _____ WOOD _____ OTHER. _____

_____ SQ. FT. x \$2.00 /SF TOTAL: _____

DATE ISSUED: _____ TENTATIVE INSTALLATION: _____

TEMPORARY SIGN EXPIRATION DATE: _____

**(THERE WILL BE A \$10.00 PER CALENDAR DAY
CHARGE PAST THE EXPIRATION DATE)**

_____ INSPECTOR'S SIGNATURE

_____ OWNER'S SIGNATURE