



Corinth Planning & Development
 https://www.cityofcorinth.com/141/Planning-Development



Banners and Signs Permit Application

please print

Project Address: _____ Phone No.: _____

Business Name: _____

Business Owner: _____ Owner's Phone No.: _____

Owner's Address: _____ Email: _____

Development Wall Directional Monument Other: _____

Sign Type: _____

Sign Measurements: Length ft. Width ft. Height ft. Square Footage sq ft.

(from grade to top of sign)

Estimated Project Value \$

Sign Caption: _____

Permit Number: _____

Office Use only

Sign Contractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Email	Phone
Sign Contractor's Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number	Street Name	City State ZIP
Electrical Contractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Email	Phone
Electrical Contractor's Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number	Street Name	City State ZIP

You may E-Mail the application & documents to delilah.garcia@cityofcorinth.com

This permit becomes null and void unless a City inspection is performed within 180 days from the date of issuance. The granting of a permit does not presume to give authority to violate or cancel the provisions of any law or ordinance regulating construction. No inspection will be performed unless this permit is displayed on the jobsite and City approved plans are available to the inspector on the jobsite at the time of inspection. The applicant is responsible for all work done under the permit and must follow all applicable codes.

I HEREBY CERTIFY BY MY SIGNATURE BELOW THAT: 1) I UNDERSTAND THAT I AM THE PERSON SOLELY RESPONSIBLE FOR INSPECTIONS AND ALL RELATED FEES AND CHARGES, 2) I AGREE TO ABIDE BY ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER SPECIFIED HEREIN OR NOT, AND 3) I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

Applicant is the: Property Owner Contractor

Applicant's Name: _____ Date: ____/____/____

Applicant's Signature: _____ Date: ____/____/____

OFFICIAL USE ONLY BELOW THIS LINE

PLANS REVIEWED AND APPROVED BY

PERMIT APPROVAL DATE

Plan Review Fee (if applicable)

Permit Fee

TOTAL FEES \$