



*City of Ocean Springs, Mississippi
Building Department
P. O. Box 1800
Ocean Springs, MS 39566-1800
228-875-6712 Fax 228-872-5427*

BANNER SIGN PERMIT APPLICATION

Name of Business _____

Business Address _____

Name of Business Owner _____ Phone No. _____

Property Owner _____ Manager _____

Banner Size _____ Banner Location _____

Dates Banner Will Be Displayed _____

ONLY ONE BANNER ALLOWED PER BUSINESS. NOT TO EXCEED 60 DAYS A CALENDAR YEAR. BANNER DECAL MUST BE APPLIED TO BANNER. ANY BANNER WITHOUT A DECAL WILL BE REMOVED BY THE CITY OF OCEAN SPRINGS BUILDING DEPARTMENT

Please read and sign the banner sign requirements form on the back of this application

Signature of Applicant _____ Date _____

*****For Office Use Only*****

Parcel ID # _____ Use Zone _____