

VILLAGE OF FOLSOM
P.O. BOX 609, FOLSOM, LA 70437
(504)796-5607

SIGN PERMIT APPLICATION

Date: _____

Contractor Name: _____ Phone: (____) _____

Property Owner Name: _____ Phone: (____) _____

Sign Location: _____

Describe exact location of sign(s): _____

Number of existing signs at above location (not including those on building): _____

Number of new signs applied for: _____

Type of Sign:

Temporary: _____ On Premise-Primary: _____ Off Premise (Billboard): _____

Mobile: _____ Pole: _____ Directory: _____ Other: _____

Specify type if "other" _____

Set back from public right-of-way proposed: _____ ft. Max height: _____

Zoning at location (Village verify this): _____

Type of Sign Mounting: _____

Type of Lighting (blinking or flashing lights not allowed): _____

Remarks or other information: _____

Date: _____ Applicant's Signature: _____

Total Cost of sign (include labor): _____ Material Cost: _____

(Note: attach drawing of sign and site plan if available)

OFFICIAL USE

Zoning: _____

Permit Number: _____

Permit Amount: _____

License Needed? (Contractor) Yes or No

Receipt Number: _____

Check Number: _____

Date Approved: _____

Approved By: _____

Building Inspector or Village representative