

**CALHOUN COUNTY
SIGN PERMIT**

Owner _____

Billing Address: _____ City _____ State _____ Zip _____

Site Address: _____ City _____ State _____ Zip _____

Contractor: _____ License Number: _____ Phone: _____

Sign Info: _____

Applicant _____	Authorized by _____	Date _____
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Permit #S- _____ Tax Map # _____

All work shall be in accordance with applicable building codes and county ordinances.
This permit does not cover electrical-separate permit required for electrical.

THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE