

CITY OF MANNING



SIGN PERMIT

PERMIT NUMBER _____

APPROVED BY _____

APPLICANT _____

(PLEASE PRINT)

PHONE _____

LOCATION: _____

Street No.

Street Name

TAX MAP NUMBER: _____

Page

Block

Lot

Zoning District

MIN YARD REQUIREMENT (Setbacks):

PRIMARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

SECONDARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

Type of Sign: _____

Sign Requirement: _____

CONDITIONS: _____

Signature of Applicant Address State Zip Date

NOTE: Work described on this Sign Permit must begin within 6 months of issue and must be completed within one (1) year.

**Non-refundable application fee - \$10.00 for banners.
\$15.00 for commercial signs.**

INSTRUCTIONS FOR COMPLETING
SIGN PERMIT FORM

ITEM 1: PERMIT NUMBER WILL BE ASSIGNED BY CITY HALL.

ITEM 2: APPROVED BY WILL BE SIGNED BY CITY HALL.

ITEM 3: PRINT APPLICANT'S NAME.

ITEM 4: PRINT TELEPHONE NUMBER WHERE APPLICANT CAN BE REACHED DURING NORMAL BUSINESS HOURS.

ITEM 5: ENTER THE ADDRESS WHERE SIGN WILL BE PLACED.

ITEM 6: ENTER TAX MAP NUMBER WHERE SIGN WILL BE PLACED.

ITEM 7 & 8: MINIMUM SETBACK REQUIREMENTS WILL BE COMPLETED BY CITY HALL.

ITEM 9: ENTER THE TYPE OF SIGN TO BE CONSTRUCTED.

ITEM 10: SIGN REQUIREMENTS WILL BE COMPLETED BY CITY HALL.

ITEM 11: CONDITIONS (IF APPLICABLE) WILL BE COMPLETED BY CITY HALL.

ITEM 12: SIGN FORM, COMPLETE MAILING ADDRESS AND DATE.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO**

**THE CITY OF MANNING
P.O. BOX 546
MANNING, SC 29102**