

CITY OF MANNING



SIGN PERMIT

PERMIT NUMBER: _____

APPROVED BY: _____

APPLICANT: _____

TELEPHONE NUMBER: _____

LOCATION: _____

TAX MAP NUMBER: _____

MINIMUM YARD REQUIREMENTS (SETBACKS):

PRIMARY Front 10 ft. Side 10 ft. Height 35 ft.

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

TYPE OF SIGN: _____

SIGN REQUIREMENTS: _____

CONDITIONS: _____

SIGNATURE OF APPLICANT ADDRESS STATE ZIP DATE

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 APPLICANTS NAME.

ITEM 4: PRINT TELEPHONE NUMBER 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
PO BOX 546
MANNING, SC 29102**