

**TOWN OF HOLLYWOOD
SIGN APPLICATION**

6278 Highway 162, PO Box 519, Hollywood SC, 29449
Office 843-889-32222 - Fax 843-889-3636
<75sq. ft. Fee \$50; at or >75sq. ft. Fee \$100

To be completed by applicant:

Contractor/ Property Owner: _____
Phone #: _____
Cell #: _____
Location of Property: _____
TMS #: _____

Property Owner (if different from above): _____
Phone #: _____
Cell # / Other: _____
Mailing Address: _____
TMS #: _____

Sketch or Drawing proposed: _____
Dimensions: _____ Height: _____
Where will the sign be facing? (location): _____
Where will the sign be posted? (location): _____
Will the sign be attached to existing building? _____
(if "YES" please provide a photograph of existing building)

Signature of Applicant: _____ **Date:** _____

INTER-OFFICE APPROVAL SIGNATURE

Planner/Zoning Administrator: _____ Date: _____