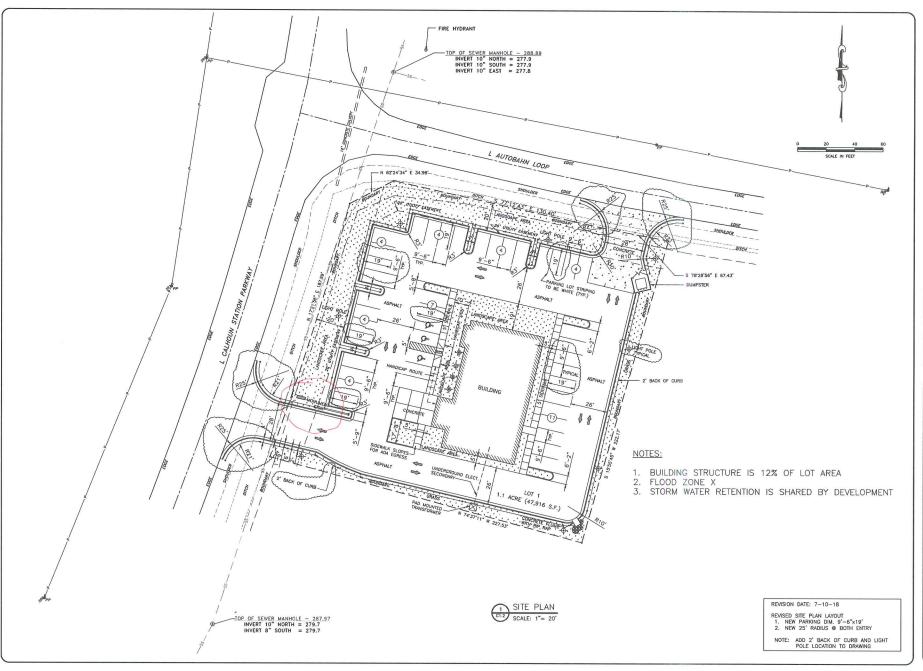
APPLICATION FOR VARIANCE Additional ground mounted sign and square footage

Name and Address of Applicant: St. Dominic Family Clinic Fountain Construction 286 Calhoun Station Parkway					
APPLICATION DATE	Present Zoning of Property	Legal Description of Property:	TAX PARCEL NUMBER	FLOOD ZONE	MAP/PLAT OF PROPERTY
11-01-2017	C-2	See (Exhibit A)	Parent parcel 082E-21 - 016/01.00	Х	See (Exhibit B)
Other Comments: As	per Article 2604 of	the Madison County Zor	ning Ordinance.		
Respectfully Submitted Fountain Co			••••••		••••••
Petition submitted Commission on	to Madison Co	ounty Planning and	d Development		
Recommendation on Pe	of Madison Co	ounty Planning and	l Development		
Public Hearing date Supervisors	e as establishe	ed by the Madison	County Board of		
Final disposition of	Petition				

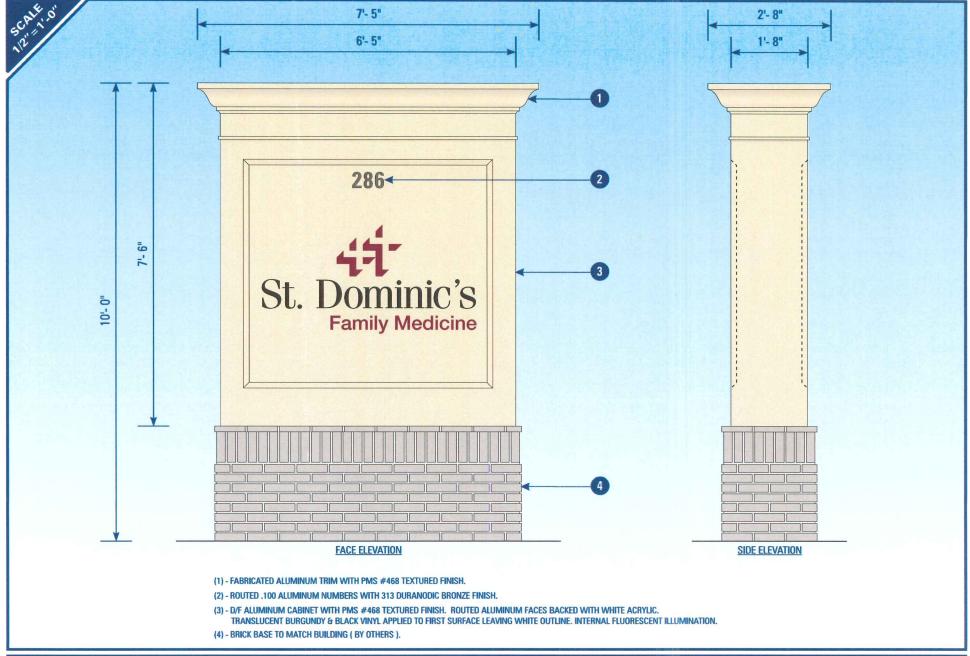


ST. DOMINIC'S FAMILY CLINIC CALHOUN STATION PARKWAY MADISON, MS 39110

FOUNTAIN CONSTRUCTION CO., INC. 5655 HW. 18 WEST JACKSON MS. 3920E VOICE 601.373.480

Melanie Holmes, Architect 101 Erika Lane Wayne, PA 19087

C1.2



CUSTOMER: ST. DOMINIC'S

APPROVALS:

ADDRESS: Calhoun Station Parkway

.

FILE: 35713BF_ST_DOMINICS_(gluckstadt_clinic-madison)

CITY/STATE: Madison, MS

SALES: MARK TRAMONTANA | W.O. #: 0000

JOB NAME: ILLUMINATED MONUMENT SIGN

DATE: 09-17-18

REV: 10-16-18

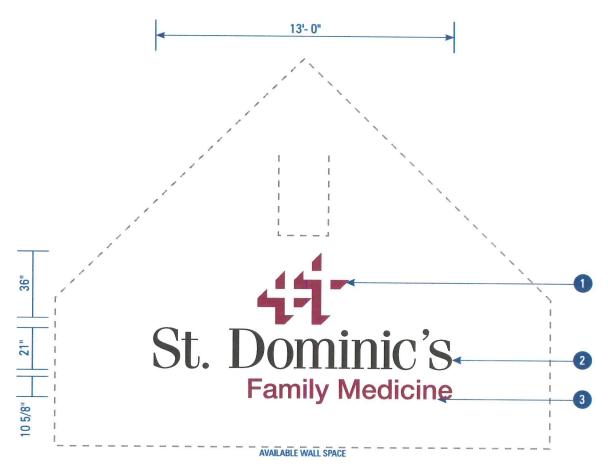
Mitchell Signs does not provide primary electrical to the sign location Sign will be wired for 120v electrical services unless otherwise noted



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SCALE



SQUARE FOOTAGE: 55.7'

(1) - FABRICATED ALUMINUM REVERSE CHANNEL LOGO WITH 3" RETURNS. PMS #208 FINISH. INTERNAL WHITE LED ILLUMINATION.

(2) - FABRICATED ALUMINUM REVERSE CHANNEL LETTERS WITH 3" RETURNS. BLACK FINISH. INTERNAL WHITE LED ILLUMINATION.

(3) - ROUTED .125 ALUMINUM LETTERS WITH BLACK FINISH. NON-ILLUMINATED.

CUSTOMER: ST DOMINIC'S

ADDRESS: Calhoun Station Parkway

FILE: 36125BF_ST_DOMINICS_(gluckstadt_clinic-madison)

APPROVALS:

JOB NAME: CHANNEL LETTERS

CITY/STATE: MADISON, MS

SALES: MARK TRAMONTANA | W.O. #: 0000

DATE: 09-17-18 REV: 10-22-18

Mitchell Signs does not provide primary electrical to the sign locati







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3200 NWY. 45 MORTH \ MERIDIAN, NS 39301 PHDNE: 601-482-7471 \ FAX: 501-482-7474 \ 1-800-467-7471

Madison County, Miss.

NO VERBAL PERMITS GIVEN ON ANYTHING

7/10/2018

This permit is issued subject to compliance with all ordinances and or building regulations of Madison County, Mississippi in force and effect at the time this permit is issued. All permits for construction which has not begun within six(6) months of the date of issuance, or for which work has been abandoned for a period of six(6) months are declared null and void.

Permission is hereby granted ST DOMINIC FAMILY CLINIC

FOUNTAIN CONSTRUCTION CO Contractor To erect, repair or remodel COMMERCIAL (ST DOMINIC FAMILY CLINIC) Location 286 CALHOUN STATION PKWAY City MADISON side of street. Map No. 82 Subdivision ST DOMINIC FAMILY CLINIC Zoning C2 Occupancy 3 Type of construction VI and Township 08N Range 2E Section 21 Parcel# 082E-21-016/23.00 Work will start IMMEDIATELY Building size 5197 SF Land description 2.12 ACC IN N1/2 W/S HWY 55 ALL WORK TO COMPLY WITH MADISON COUNTY LAND ZONING AND BUILDING REOUIREMENTS Forms 335/910 not Required 6 INSPECTIONS INCLUDED IN THIS FEE. IF MORE ARE NEEDED THEY CAN PURCHASED FOR \$45/VISIT. APPROVED BY SCOTT WEEKS TO ISSUE ENTERGY/CP 10/31/18 Flood insurance rate zone X Flood insurance rate map and panel no 28089C0415F Front set back 35 Side set back Rear set back Inspection fee 470.00 Pay method Check Check # 16906 Pay method Check Check # 16906 Pay method Check 16906 Pay method Check 169063770.00 TOTAL VALUE OF ALL WORK _ 1,100,000.00 TOTAL Owner ST DOMINIC FAMILY CLINIC Mail address 286 CALHOUN STATION PKWAY MADISON MS 39110 601 573-8002 Contractor FOUNTAIN CONSTRUCTION CO Mail address P O BOX 10506 JACKSON MS 39289 601 373-4162 Building inspector CHARLES SILLS 601 853-4985 601 317-2701 The above permit is a receipt for money paid for permit fee when signed by a building inspector or his representative.

OWNER/BUILDER SHALL PROVIDE SANITARY FACILITIES AT JOB SITE.

Madison County, Miss.

NO VERBAL PERMITS GIVEN ON ANYTHING

12/08/2017

This permit is issued subject to compliance with all ordinances and or building regulations of Madison County, Mississippi in force and effect at the time this permit is issued. All permits for construction which has not begun within six(6) months of the date of issuance, or for which work has been abandoned for a period of six(6) months are declared null and void. Permission is hereby granted MAC HAIK DODGE - Owner GATOR SIGN CO Contractor To erect, repair or remodel COMMERCIAL (MONUMENT SIGN) Location 101-Z AUTOBAHN LOOP City MADISON N-01 side of street. Map No. 82 Lot Blk Subdivision MAC HAIK CHRYSLER, DODGE, JEEP, SIGN
Zoning C2 Occupancy 3 Type of construction VI and Township 08N Range 2E Section 21 Parcel# 082E-21 -016/09.00 Work will start IMMEDIATELY Building size 33.9 SF Land description 7 AC IN N1/2 W/S HWY 55 ALL WORK TO COMPLY WITH MADISON COUNTY LAND ZONING AND BUILDING REQUIREMENTS Forms 335/910 not Required 8' TALL-BOS APPROVED 12/4/17 Flood insurance rate zone X Flood insurance rate map and panel no 28089C0415F Front set back N/ASide set back Rear set back $\overline{N/A}$ N/AOwner MAC HAIK DODGE -Mail address 150 AUTOBAHN LOOP <u>MADISON</u> <u>MS</u> <u>39110</u> 601 996-6088 Contractor GATOR SIGN CO Mail address 1027 KAREY ANDREWS RD MCCOMB MS 39658 601 996-6088 Building inspector <u>JOHN NOBLE</u> 601 859-3414 601 720-7999

The above permit is a receipt for money paid for permit fee when signed by a building inspector or his representative.

OWNER/BUILDER SHALL PROVIDE SANITARY FACILITIES AT JOB SITE.