



City of Amory Main Street Awning Application

Date of Application: _____

Name of Applicant: _____

Business Name for Address: _____

Physical Address of Business: _____

Telephone Number: _____ Email _____

Do you own the property at this address: Yes No

If no, who is the property owner: _____

Is the current awning still in place: Yes No

If yes, this will require Board of Aldermen authority to remove.

Proposed type/style of awning: _____

Proposed height of awning: _____

Proposed material of awning: _____

Lighting with proposed awning: Yes No

Type of proposed Lighting: _____

Proposed depth of awning: _____

Proposed Color Options (limit 3): _____

Brief detailed description of awning not answered above:

For City of Amory Use Only
Compliant?

If yes, Date of Meeting app_____

Send to JM for Agenda

Compliant	Not
Compliant	Not
Compliant	Not
Compliant	Not
Compliant	Not
Compliant	Not
Compliant	Not
Compliant	Not

Please ask your Planning and Zoning Department and City Clerk's office about any further requirements for opening a business including signs, business license, etc.

Signature of Applicant

Application Approved: YES NO ****FOR OFFICE USE ONLY****

Comments by Planning and Zoning & Amory Main Street Association:

Signature of Authorized City of Amory Employee

Signature of Amory Main Street