

Permit No.\_\_\_\_\_

Each application must include an accurate, detailed sketch or picture of the proposed sign with colors, dimensions and graphics. The Zoning Administrator reserves the right to deny incomplete applications.					
Application Information					
Business Name:					
Street Address:					
Contact Person: Phone:					
Sign Information					
Type of Temporary Sign: Ground Sign Banner/Wall Sign Window Sign					
Dimensions of Sign: Width Height Total Sign Area (sq. ft.)					
Sign Message:					
Sign Colors:					
Temporary Signs may be displayed a maximum of 60 days per year. Temporary signs are not permitted to be placed on the roof of any building, on fences or in the right-of-way.					
Period(s) of Intended Use					
Start Date: End Date:					
Start Date: End Date:					
Start Date: End Date:					
By signing this application, I acknowledge that I am authorized by the property owner to make this application. I agree to conform to the City's regulations on temporary signs, including size, location and duration of display.					
Applicant's Signature: Date:					
To be filled out by the Zoning Administrator Only					
Permit Approved Permit Denied By: Date:					
Conditions/Notes:					