

TEMPORARY SIGN PERMIT APPLICATION

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: _____