

TEMPORARY SIGN PERMIT APPLICATION

Temporary Sign Location Information

Exact Address/Location (include Suite #): Sign cannot be in the right-of-way		
Business Name:		
Location :	<input type="checkbox"/> Public Institution <input type="checkbox"/> Place of Worship <input type="checkbox"/> General Commercial <input type="checkbox"/> General Industrial	<input type="checkbox"/> Multiple Family Dwelling

Property Owner Information

Name:	Address:
Phone:	Email:
Signature of Owner Approval: Required if different than applicant _____	
<i>By signing, I, as the property owner, understand there is a limited amount of time on specific temporary sign permits and this permit may be included in the maximum amount of calendar days per year for temporary signage.</i>	

Applicant Information

Advertiser:	Advertiser's Address:
Contact Name:	
Phone:	Email:
Signature of Applicant:	

Temporary Sign Permit Information

What type of an event (check all that apply):	
<input type="checkbox"/> Grand Opening, Special Event, Holiday	<input type="checkbox"/> Sales Promotions
<input type="checkbox"/> Commercial Off-Premise	<input type="checkbox"/> Non-Profit/Civic Organization
<input type="checkbox"/> Seasonal Use	<input type="checkbox"/> Off-Premise Sign



