



Fee Collected \$ _____
Receipt # _____
Check # _____
Date Paid _____

TEMPORARY SIGN PERMIT APPLICATION - \$45.00 Fee

Date Permit Issued: _____ Date Permit Expires: _____

APPLICANT: COMPLETE INFORMATION BELOW

Applicants Name: _____ Phone Number: _____

Business Name: _____ Phone Number: _____

Address of temporary sign location: _____

Sign Contractor: _____ Phone Number: _____

Proposed sign will be: _____ Portable sign _____ Banner
_____ # of months sign will be displayed for calendar year of 200__
(Not to exceed 90 days or 3 months)

**If not in consecutive months, please provide a schedule of which months the sign will be displayed.

Size of proposed **sign**: 1) _____ X _____ = _____ sq. ft.
(Not to exceed 32 sq. ft.)

Size of proposed **banner if placing on ground**: 1) _____ X _____ = _____ sq. ft.
(Not to exceed 32 sq. ft.)

Size of proposed **banner if placing on building**: 1) _____ X _____ = _____ sq. ft.

Size of building face where sign will be located: 2) _____ X _____ = _____ sq. ft.
(Total signage on wall area not to exceed 10%.)

Sign setback from Road Right of Way: _____ ft. (**Does not apply if placed on building)

*****Please attach a site plan drawing showing the sign location on the property and the setback requirements.**

Applicant's Signature

Date

**This permit must be approved and a signed copy received from the Zoning Department before any temporary sign can be erected. Failure to complete the application will be subject fines as detailed in City Code Title 1-4-3.

Zoning Department Approval:

Name: _____

Title: _____

Date: _____