



TEMPORARY SIGN PERMIT APPLICATION

Location/Address of Sign Install:	Permit #:
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All information must be provided for the application to be accepted. Signs are not to remain in place longer than 15 consecutive days, nor may the sign be placed more than 6 occasions per calendar year.

APPLICANT INFORMATION

Name:(Last, First, Middle Initial)

Address	City, State, Zip Code
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Home Phone:	Work Phone:	Cell Phone:
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Purpose of Sign (Name of Event)

Location of Sign:

Beginning Date & Hours of Event:	Ending Date & Hours of Event:
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Will sign be illuminated: Yes No (Flashing lights are not permitted)

TYPE OF SIGN (Annotate size of sign being used in space provided)

Inflatable Sign:	Inflatable Object:	Portable Sign:
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Banner:	Other:
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Describe method to be used to anchor signage to prevent overturning or dislocation due to high winds:

Signature of Applicant:	Date:
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Signature of Property Owner:	Date:
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FOR LAND USE ADMINISTRATOR ONLY

Zoning District: _____ Sign Permitted in District Yes No Date filed: _____

Application **Approved:** _____ Date: _____

Application **Disapproved:** _____ Date: _____