

APPLICATION FOR TEMPORARY SIGN PERMIT

Sign permit # _____

Length of time (days)

Start date

Locations

Sign Characteristics

Purpose of Sign:

Exact Wording on Sign:

Sign Length (Ft)

Sign Width (Ft)

Sign Height (Ft)

Applicant

Name:

Phone:

Address:

Business Phone:

Business:

Email address:

Signature of Applicant: _____

Issued Date

Expiration Date

Municipal Official

**Attach Photo of Temporary Sign