



**TEMPORARY SIGN PERMIT
APPLICATION**

DATE: _____

PERMIT #: _____

FEE : \$10.00 _____

APPLICANT/BUSINESS NAME: _____

CONTACT PERSON: _____

PROJECT ADDRESS: _____

PHONE: (____) _____

ZONING DISTRICT: _____

FAX : (____) _____

E-MAIL: _____

*****SIGN SPECIFICATIONS**

SIZE: _____ x _____ HEIGHT: _____ MATERIAL: _____

SINGLE FACE _____ DOUBLE FACE _____

FREESTANDING: _____ WALL: _____

*SIGN LOCATION: _____

DISPLAY DATE(S): FROM: _____ TO: _____

- A Temporary Sign may be displayed for a maximum of 30 consecutive days in calendar year.
- Temporary Signage cannot exceed 60 total days in a calendar year

***All requests for temporary sign permits must be accompanied by a drawing of the sign, and a site plan to scale indicating the location of the proposed sign, noting distance from all right-of-ways and other significant features. Temporary Signs shall not be separately illuminated.**

Date approved: _____

Zoning Administrator