



Temporary Sign Permit Application

APPLICANT TO COMPLETE NUMBERED SPACES ONLY – PLEASE PRINT

1. JOB ADDRESS			
LEGAL DESC.	LOT NO.	BLOCK	SUBDIVISION/ TRACT
2. PROPERTY OWNER			PHONE
3. BUSINESS NAME		MAIL ADDRESS	ZIP PHONE
4. APPLICANT		MAIL ADDRESS	ZIP PHONE
5. TYPE OF SIGN: BANNER INFLATABLE PENNANTS AND STREAMERS			
6. START DATE:		EXPIRATION DATE:	
		PERMIT FEE:	
7. NOTICE: APPLICANT SHALL CLEARLY DISPLAY PERMIT ON FRONT WINDOW. APPLICANT SHALL REMOVE THE PERMITTED TEMPORARY SIGN PRIOR TO EXPIRATION. SIGNS SHALL NOT ENCROACH THE PUBLIC RIGHT-OF-WAY.			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. _____ Print Signature Name _____ Signature of Applicant		Office Use Only: Issue Date: _____ _____ Staff Approved for Issuance Date	
Date			