

OFFICE
USE
ONLY



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TEMPORARY SIGN PERMIT APPLICATION

APPLICANT / AGENT* _____ **PHONE NUMBER** _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PROPERTY OWNER _____ **PHONE NUMBER** _____

***All City correspondence will be with the applicant/agent only**

PROPERTY INFORMATION (WHERE SIGN IS TO BE DISPLAYED)

PROPERTY ADDRESS _____ **OR**

LEGAL DESCRIPTION _____

CURRENT ZONING _____

TEMPORARY SIGNS REQUIRE AN ANNUAL TEMPORARY SIGN PERMIT. PERMIT YEAR SHALL BEGIN JANUARY 1ST AND END DECEMBER 31ST. NO PRORATING OF FEES WILL OCCUR.

- Temporary Signs may not be displayed during times when business is closed for the season.
- One sign is allowed per address or separate business occupancy per address.
- **Approved Temporary Sign permit is valid for one temporary sign per calendar year. Temporary signs may be interchanged throughout the permit year provided no more than (1) is displayed at a time.**
- Temporary Signs shall not exceed 36 square feet in size.
- Every sign permitted shall be kept in good condition and repair.
- Other regulatory sign regulations vary by zoning district. Please refer to the sign regulations matrix to determine the appropriate restrictions in your area.

TYPE OF SIGN (CIRCLE ALL THAT MAY APPLY)

BANNER (Limit of 1 per property)

FEATHER FLAGS/BLADE SIGNS (Limit of 3 per property)

HOW WILL SIGN BE DISPLAYED _____

SIGN MATERIAL () WOOD () METAL () VINYL () OTHER _____

TEMPORARY SIGN PROPERTY SKETCH

In the space provided below, please provide a sketch of the proposed temporary sign and property layout

- 1. Show all existing structures on the property
- 2. Indicate where the temporary sign will be placed on the property
- 3. Sketch of temporary sign

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE OR LOCAL LAW REGULATING SIGNAGE.

Signature of Applicant / Agent

Date

OFFICE USE ONLY BELOW THIS LINE

APPLICATION REVIEW

- Application complete
- Fees Paid
- Submit for administrative consideration
- Scan documents to address file

ADMINISTRATIVE REVIEW

Date _____

Action _____

Notes _____

Application Fee \$ _____ Date Paid _____ Cash/CC#/Check# _____ Receipt # _____