



OFFICE
USE
ONLY

TEMPORARY SIGN PERMIT APPLICATION

(Applications are due by 12pm the Wednesday prior to the Planning & Zoning Meeting)

APPLICANT / AGENT* _____ PHONE NUMBER _____

MAILING ADDRESS _____

E-MAIL _____ FAX _____

OWNER _____ PHONE NUMBER _____

MAILING ADDRESS _____

E-MAIL _____ FAX _____

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

LOT INFORMATION

PARCEL ID # _____ TAX ID # _____

PROPERTY ADDRESS _____

LEGAL DESCRIPTION _____

LOT _____ BLOCK _____ SUBDIVISION _____

SECTION _____ TOWNSHIP _____ RANGE _____ ACRES _____

CURRENT ZONING _____

PROPOSED TEMPORARY SIGN INFORMATION

TEMPORARY SIGNS MAY BE DISPLAYED UP TO 15 CONSECUTIVE DAYS AND NOT MORE THAN 60 DAYS IN TOTAL FOR ANY CALENDAR YEAR. ONE SIGN IS ALLOWED PER ADDRESS OR SEPARATE OCCUPANCY PER ADDRESS. TEMPORARY SIGNS MAY NOT EXCEED 32 SQUARE FEET IN SIZE. OTHER TEMPORARY SIGN REGULATIONS VARY BY ZONING DISTRICT. PLEASE REFER TO THE SIGN REGULATIONS MATRIX TO DETERMINE THE APPROPRIATE RESTRICTIONS IN YOUR AREA.

DATES DISPLAYED _____ THROUGH AND INCLUDING _____

HOW WILL SIGN BE DISPLAYED _____

SIGN DIMENSIONS _____ SQUARE FOOTAGE _____

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

ILLUMINATION _____

TEMPORARY SIGN PROPERTY SKETCH

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

- 1. Sketch property boundaries
- 2. Show all existing structures on the property
- 3. Indicate where the temporary sign will be placed on the property
- 4. Sketch of temporary sign with dimensions
- 5. Indicate "NORTH" on the sketch

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

Signature of Owner

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/MO#/Check# _____ Receipt # _____