



Office of Community Development

TEMPORARY SIGNAGE APPLICATION

Fee:\$0

Date: _____ Zoning District: _____ P.I.N.: _____

Project Address: _____

Property Owner: _____ Contractor: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____

Purpose of Permit: _____

Project Cost: \$ _____ Enterprise Zone Yes No

Permit Usage Type: Commercial Residential Industrial Agricultural Municipal Civic
 Mixed Right of Way Institutional

Additional Information Needed

Building Height: _____ Building Length: _____ Building Width: _____

Building Total Square Footage: _____

Applicant Signature: _____ **Phone Number:** _____

Owner Signature (If different from applicant): _____