

CERTIFICATE OF SIGN ZONING COMPLIANCE

TEMPORARY SIGN

No fee for temporary sign permit

Date Requested _____

Sign Location _____

Permit No. _____

SIGN _____

Event Date _____

Removal Date _____

(must be within 24 hours of completion of event)

Applicant Information

Owner _____

Address _____

City _____

State _____ Zip _____

Removal Contact Name:

Removal Contact Phone:

ZONING DISTRICT

Description of Sign: Is the Property Owner Approval Attached? Yes No

What is the event:

This application with a copy of Property Owner Approval, must be submitted to the Zoning Enforcement Officer and removal of the sign must take place within 24 hours of the completion of the event.

Applicant's Signature _____

Date _____

This application is approved as complying with all applicable zoning restrictions and conditions.

Zoning Enforcement Officer _____

Date _____