



Temporary Sign Permit

Fee: \$50.00

Address /Location where Temporary Sign/Banner/Balloons will be placed:

Business Name: _____

Business Owner: _____

Contact Person: _____

Contact Phone Number: _____

Date Banner will go up: _____ Date Banner will be removed: _____

Wording on Banner:

Conditions:

Please Initial below

____ I Understand I may NOT hang another banner at this site for 6 months.

____ I understand I may NOT hang the banner for more than 30 calendar days.

____ I understand I may NOT place the banner within the City or State Rights-of-Way.

____ I understand my Temporary Sign/Banner/Balloons may NOT exceed 24 square feet.

____ I understand once my Temporary Sign/Banner/Balloons are installed they may be inspected.

Signature of Sign Holder: _____

Department Approval Signature: _____