



City of Whitefish
 Planning & Building Dept.
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: (406) 863-2410

File #: _____
 Date: _____
 Intake Staff: _____
 Check #: _____
 Amount: _____
 Acct #: 1000 101000 341064
 Date Complete: _____

Temporary Sign Permit

FEE ATTACHED \$ _____
 (See current fee schedule)

Address /Location: _____
 (Where temp. banner 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: _____