



SIGN PERMIT APPLICATION

Name of Applicant: _____

Name of Business/Organization: _____

Applicant Address: _____

Telephone: () _____

Proposed Location of Sign : _____

Owner of Location if different from Applicant: _____

Owner Telephone: () _____

Proposed Measurements of Sign: _____

Zone District:

I. APPLICANT'S CERTIFICATION

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. Verification may be obtained from any source named, and I/we agree to submit a personal credit check.

Signature

Date

Signature

Date