



TEMPORARY SIGN/
BANNER REVIEW FEE
\$100.00 PER SIGN

Application Date:
Address where sign to be displayed:
Parcel I.D.: Zoning District:
Owner of Property:
Applicant/Business:
City: State: Zip:
Phone: Email:

Type of sign: (circle YES or NO)

YES / NO WALL/BANNER SIGN (MAY NOT EXCEED 14 CONSECUTIVE DAYS, 32 SQ. FEET IN SIZE MAXIMUM)
YES / NO FREESTANDING SIGN (MAY NOT EXCEED 64 DAYS, 20 SQ. FEET IN SIZE MAXIMUM)
YES / NO FOR LEASE SIGNS (MAY NOT EXCEED 90 DAYS, 20 SQ. FEET IN SIZE, MAXIMUM)

DISPLAY DATES:
FROM: THROUGH: TOTAL DAYS:

Size/Measurement: Horizontal Vertical Total Square Feet:

\*\*6 ft. is the maximum height allowed.

\*\*Placement: At least 5 ft. from the property line.

Are there any other temporary signs on this parcel (this includes real estate/leasing signs or any other tenants' temporary signs)? YES / NO

If yes, please provide a plan showing the location(s) and total square footage of ALL temporary signs currently located on this parcel:

\*\*\*\*\*Please make note: the application review fee is non-refundable\*\*\*\*\*

I have reviewed the sign ordinance and agree to abide by all the terms and policies.

Signature of Applicant/Agent Date:

Printed

Name: Telephone:

Local Contact (Name, Telephone, Email):

FOR CITY USE ONLY

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REVIEWED BY: DATE:

APPROVED:

NOT APPROVED/REASON DENIED:

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Table with 5 columns: Administration, Building Division, Community Development, Planning Office, Code Enforcement. Includes phone and fax numbers for each.