TEMPORARY/SPECIAL EVENT SIGN PERMIT APPLICATION

City Staff Use Only:	Date:	Permit #	Fee:

Event:_____ **Dates:**_____

Applicant Name: _____

Address:_____ Phone:_____

#of Signs	Dimension of Signs	Sign Locations	Permission Granted By (signature)

114-259(a)Temporary/Special Event Signs: Special Event Signs are permitted by right in all zoning districts subject to the requirements of this Chapter and the following additional restrictions:

a. **Time Limit:** All such signs are allowed for 30 days and shall be removed within 5 days after the event.
b. **Size:** 50 sq. ft. per side.
c. **Signs shall be erected as to not loosen as a result of wind or weather**

Certification by Applicant:

I hereby certify that the above and foregoing information, including any information on attached forms or drawing, is true and correct. I will notify the City if any changes or modifications are made related to this application.

_____

Applicant Signature Printed name Date

_____

Zoning Administrator Date