

APPLICATION TO ERECT
SIGNS AND AWNINGS

PERMIT # _____

DATE: _____

NAME OF BUSINESS: _____

NAME OF PERSON REQUESTING PERMIT: _____

ADDRESS: _____

TELEPHONE # _____

LOCATION OF SIGN OR AWNING: _____

DIMENSIONS OF SIGN OR AWNING: _____

NOTE: PROOF OF INSURANCE REQUIRED.

SIGNATURE

OFFICE USE ONLY:

FEE: \$ _____

APPROVED BY: _____