

PERMIT APPLICATION - TEMPORARY SIGN

APPLICANT NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF NON-PROFIT ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF SIGNS: \_\_\_\_\_

PLACEMENT LOCATIONS: \_\_\_\_\_

LIMITED TO FOUR (4) \_\_\_\_\_

TYPE OF SIGNS: \_\_\_\_\_

DATE SIGNS WILL BE PLACED: \_\_\_\_\_ DATE SIGNS WILL BE REMOVED: \_\_\_\_\_

DATE DEPOSIT OF \$75.00 PAID: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

APPLICANT SIGNATURE DATE PHONE # EMAIL

*Sign(s) must be removed by date indicated above or within 30 days, if not, the \$75.00 deposit is forfeited and a fine may be imposed.  
Any deposit check not picked up within ninety (90) days after signs are removed will be destroyed by the Township.*

TOWNSHIP USE ONLY

APPROVED:  YES  NO DATE: \_\_\_\_\_

IF NO, GIVE REASON: \_\_\_\_\_

KIMBERLY YOCOM  
ZONING ADMINISTRATION OFFICER