



# CITY OF BUENA VISTA

## SIGN PERMIT Temporary Signs

### CITY OF BUENA VISTA

Office of Planning and Zoning  
2039 Sycamore Avenue  
Buena Vista VA 24416  
(540) 261-8607

Issue Date: \_\_\_\_\_

**NOTE: This permit is for a single use or event only. A new permit must be obtained for each new use or event.**

#### APPLICANT INFORMATION

|          |  |        |  |      |  |
|----------|--|--------|--|------|--|
| Name:    |  |        |  |      |  |
| Address: |  |        |  |      |  |
| City:    |  | State: |  | Zip: |  |
| Phone:   |  |        |  |      |  |

#### PROPERTY OWNER INFORMATION

|          |  |        |  |      |  |
|----------|--|--------|--|------|--|
| Name:    |  |        |  |      |  |
| Address: |  |        |  |      |  |
| City:    |  | State: |  | Zip: |  |
| Phone:   |  |        |  |      |  |

#### PHYSICAL LOCATION(S) OF SIGN

|   |                             |  |  |                  |
|---|-----------------------------|--|--|------------------|
| Address(es):  |                             |  |  |                  |
| If none, describe location(s):                                |                             |  |  | Number of Signs: |
| Public Right-of-Way?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes - Describe: |  |                  |
| <b>City Authorization for Location in Public Right-of-Way</b> |                             |  |  |                  |

**PROPOSED SIGN**

*Describe size, shape, type of sign, how it will be mounted/displayed, and any wording or images*

| <b>APPLICANT SIGNATURE</b> |  |        |  |
|----------------------------|--|--------|--|
| Printed Name:              |  | Title: |  |
| Signature:                 |  | Date:  |  |
|                            |  |        |  |
| Zoning Administrator:      |  | Date:  |  |
| <b>Staff Comments:</b>     |  |        |  |