

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 _____

*If signs are not removed by date indicated above, the \$75.00 deposit is forfeited.
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 GARCIA
ZONING ADMINISTRATION OFFICER