



COMMUNITY DEVELOPMENT DEPARTMENT

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SIGN PERMIT APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE ZIP CODE: _____

PHONE NUMBER: _____

SITE LOCATION/ADDRESS: _____

DESCRIPTION OF PROPOSAL: _____

APPLICANT SIGNATURE: _____

DATE: _____

OFFICE USE:

PERMIT NUMBER: _____

PERMIT APPROVED: _____

PERMIT FEE: _____

APPROVED BY: _____

(Signature)

ZONING ADMINISTRATOR