

# TEMPORARY ON-PREMISE SIGN PERMIT APPLICATION

BUILDING INSPECTIONS  
100 E AVENUE C  
(254) 501-7762/FAX (254) 501-6302

Address		Business Name	
Owner	Mailing Address	Zip	Phone
SIGN DESCRIPTION: <input type="checkbox"/> Inflatable <input type="checkbox"/> Temporary wall sign <input type="checkbox"/> Temporary ground sign			
SIGN SIZE: _____ H x _____ W = _____ total sq ft (32 sq ft max)			
<p>▶ One temporary wall and one temporary ground sign are permitted per street frontage for each lease space or business space at any given time.</p> <p>▶ Multiple frontage lots may have an addition sign for each addition frontage.</p> <p>List names of frontage streets _____</p> <p>▶ Businesses with frontages over 300 feet may have an additional sig</p> <p>Street frontage _____ ft / 300 feet = _____ number of signs allowed (round up)</p>			GROUND SIGNS _____ WALL SIGNS _____ TOTAL SIGNS _____
# of 5-day increments _____ x \$50.00 each x Number of Temp Signs _____ + \$10 app fee = Total Fee \$ _____			
START DATE:	END DATE:	TOTAL DAYS :	
<b>TEMPORARY SIGN PLACEMENT IS LIMITED TO OWNERS PROPERTY AND LIMITED TO 120 CALENDAR DAYS PER YEAR</b>			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			
_____	_____	_____	_____
Signature	Printed Name	Date	
<b>FOR OFFICIAL USE ONLY:</b>			
Fee: _____	Permit Number: _____	Date: _____	
Number of days issued this calendar year, for the above listed business including this application _____ (120 days max)			
10/2022			