

Application For TEMPORARY SIGN PERMIT

CENICUE TRACT

GENERAL INFO	RMATION					
Business Name:						
Business Address:					Zip:	
Contact Name:						
Phone # (day):		Fax #:		E-Mai	l	
Zoning District:			□ Banner	P	romotional Sign	
Dates requested to d	isplay banner					
From:		To:			Total # of Days:	
Previous Temporary	Sign Approvals: TUF	'# (include a	all)			
Banner Size			Sign/Banner	Material		
	and the number of	days of the p	permit as lon	ng as the total number	of days in a calendar ye	ear does not exceed
90 days.					,	
	Maximum Number One Sign Per Frontage	Max A	ximum Area uare Feet	Maximum Height 20 ft. or Bottom or Lowest 2nd Floor Window	Duration f 3 Times per Calendar Year 30	Permits Subject to Approval of an Application
90 days. District Permitted CO, CD, CL	Maximum Number One Sign Per	Max A	ximum Area	Maximum Height 20 ft. or Bottom or Lowest 2 nd Floor	Duration 3 Times per	Permits Subject to Approval
90 days. District Permitted CO, CD, CL CG & IG Certification: I here comply with the cond- revoking the permit a	Maximum Number One Sign Per Frontage eby certify that I have itions as stated. I use not possible legal actions as the control of the contro	Max A 30 Squ ve read and u	ximum Area uare Feet understand t	Maximum Height 20 ft. or Bottom of Lowest 2nd Floor Window	Duration 3 Times per Calendar Year 30 Days for Each	Permits Subject to Approval of an Application for a Temporary Sign Permit
90 days. District Permitted CO, CD, CL CG & IG Certification: I herecomply with the cond	Maximum Number One Sign Per Frontage eby certify that I have itions as stated. I use not possible legal actions as the control of the contro	Max A 30 Squ ve read and u	ximum Area uare Feet understand t	Maximum Height 20 ft. or Bottom of Lowest 2nd Floor Window	Duration f 3 Times per Calendar Year 30 Days for Each Period Femporary Signs and do	Permits Subject to Approval of an Application for a Temporary Sign Permit
90 days. District Permitted CO, CD, CL CG & IG Certification: I here comply with the cond- revoking the permit a	Maximum Number One Sign Per Frontage eby certify that I have itions as stated. I use not possible legal actions as the control of the contro	May 30 Square read and understand the cion.	kimum Area uare Feet understand t	Maximum Height 20 ft. or Bottom of Lowest 2nd Floor Window	Duration f 3 Times per Calendar Year 30 Days for Each Period Femporary Signs and do	Permits Subject to Approval of an Application for a Temporary Sign Permit
90 days. District Permitted CO, CD, CL CG & IG Certification: I here comply with the cond- revoking the permit a	Maximum Number One Sign Per Frontage eby certify that I have itions as stated. I use not possible legal act. Date	May 30 Square read and understand the cion.	ximum Area uare Feet understand to that any violate	Maximum Height 20 ft. or Bottom of Lowest 2nd Floor Window the requirements for tion of the aforementi	Duration f 3 Times per Calendar Year 30 Days for Each Period Temporary Signs and do oned conditions will be lication Received:	Permits Subject to Approval of an Application for a Temporary Sign Permit

Temp Sign Permit App.doc Rev. 06/20/06