



TEMPORARY SIGN PERMIT

SIGN LOCATION (ADDRESS) \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TENANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TYPE OF SIGN \_\_\_\_\_ BANNER \_\_\_\_\_ PORTABLE \_\_\_\_\_ OTHER SPECIFY

\_\_\_\_\_

LOCATION \_\_\_\_\_

(i.e. wall, front yard, over gas pumps, etc.)

DATE ERECTED \_\_\_\_\_ DATE REMOVED \_\_\_\_\_

The undersigned states that information provided on this form is true and accurate. Also, the undersigned agrees to remove temporary sign by or on the date above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent, City of Statesville  
Planning Department

\_\_\_\_\_  
Date

\*\*\*\*\*  
**NOTICE THIS TEMPORARY PERMIT IS VALID FOR 30 DAYS FROM DATE SIGN IS ERECTED AS INDICATED ABOVE. A MAXIMUM OF 1 TEMPORARY PERMIT WILL BE ISSUED FOR THIS ADDRESS PER YEARLY QUARTER. FAILURE TO COMPLY WITH THESE REGULATIONS WILL RESULT IN A CIVIL PENALTY OF \$50.00 PER DAY EACH DAY THE VIOLATION EXISTS.**