



CITY OF TODD MISSION

TEMPORARY SIGN PERMIT APPLICATION

DATE: _____

Applicant Name: _____ Owner _____ Lessee _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Sign Description and Location

Temporary Signs: Temporary Signs shall be displayed for a period of 60 days or less. A total two (2) temporary signs may be permitted for each business frontage. If wall mounted, any temporary sign will count toward the 60 percent maximum coverage limit. If attached to the ground, the sign shall not exceed ten square feet in area. Any sign which has the sign face changed, altered, or replaced must apply for a new permit.

Type/Description of sign: _____

Location of sign: _____

Height of sign _____ Width of sign: _____ Total square footage: _____

Wording on sign: _____

Type of material: _____

PLEASE ATTACH SITE PLAN TO THIS APPLICATION

The Temporary Sign Permit is valid for sixty (60) days from the date you indicate.

I want my Temporary Sign Permit to start on the following date:

[Empty box for start date]

Expiration Date _____

Declaration of Applicant

I hereby certify that the foregoing information is correct to the best of my knowledge and that said work will be performed in accordance with the information contained herein and in compliance with the applicable building codes and ordinances adopted by the City of Todd Mission and does not violate any provisions of the Signs of the City's Code of Ordinances or state laws.

Fees	
Administrative fee:	\$25.00
Plan review fee:	\$ _____
Total Fees:	\$ _____
Paid: _____ Cash _____ Check (# _____)	

Signature _____

Title _____

Approval Date _____

Approved By _____