

TOWN OF PORT ROYAL Temporary SIGN PERMIT APPLICATION

Date: _____ Address where sign(s) will be located: _____

Name of sign owner:

Address: _____
City: _____
State & Zip: _____
Telephone Numbers:
Office: _____
Mobile: _____

Name of property owner:

Address: _____
City: _____
State & Zip: _____
Telephone Numbers:
Office: _____
Mobile: _____

Size of Temporary Sign

Date Sign to be erected

Location of sign

OFFICIAL USE ONLY:
Fee: \$ _____ Does sign meet all ordinance requirements? Y N
APPROVED [] DISAPPROVED []

SIGNATURE OF TOWN OFFICIAL DATE