

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