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**PERMIT APPLICATION – TEMPORARY SIGN**

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**APPLICANT NAME :** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_**TELEPHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_**NAME OF NON-PROFIT ORGANIZATION:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_**TELEPHONE NUMBER:** \_\_\_\_\_**NUMBER OF SIGNS:** \_\_\_\_\_**PLACEMENT LOCATIONS:** \_\_\_\_\_**LIMITED TO FOUR (4)** \_\_\_\_\_  
\_\_\_\_\_**TYPE OF SIGNS:** \_\_\_\_\_**DATE SIGNS WILL BE PLACED:** \_\_\_\_\_**DATE SIGNS WILL BE REMOVED:** \_\_\_\_\_**DATE DEPOSIT OF \$75.00 PAID:** \_\_\_\_\_**CHECK NUMBER:** \_\_\_\_\_

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**APPLICANT SIGNATURE****DATE****PHONE #****EMAIL**

*Sign(s) must be removed by date indicated above or within 30 days, if not, the \$75.00 deposit is forfeited and a fine may be imposed.  
Any deposit check not picked up within ninety (90) days after signs are removed will be destroyed by the Township.*

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**TOWNSHIP USE ONLY****APPROVED:**  YES  NO **DATE:** \_\_\_\_\_**IF NO, GIVE REASON:** \_\_\_\_\_  
\_\_\_\_\_

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**KIMBERLY YOCOM****ZONING ADMINISTRATION OFFICER**