

**TOWN OF EAGAR--P&Z
(REFER TO CHAPTER 18.72 OF ZONING ORDINANCE)
APPLICATION FOR SIGN PERMIT**

**PERMIT
NO. _____**

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____ DATE: _____

1. PHYSICAL ADDRESS: _____

2. PARCEL NUMBER _____

3. SIGN INFORMATION

A. PROVIDE SKETCH SHOWING SIZE, HEIGHT AND SHAPE OF SIGN.

B. DESCRIPTION OF MATERIALS USED AND METHOD OF MOUNTING.

C. PROPOSED LOCATION THAT SIGN(S) WILL BE PLACED ON THE BUILDING OR IN THE YARD.

4. FILING FEE: _____ **DATE PAID:** _____

5. SIGNATURE OF APPLICANT: _____ **DATE:** _____

6. SIGNATURE OF ZONING ADMINISTRATOR: _____ **DATE:** _____

NOTE:

1. TEN DAYS ARE REQUIRED FOR PLAN REVIEW AND APPROVAL OF APPLICATION.

2. BANNERS WILL NOT BE APPROVED AS A PERMANENT SIGN, AND MAY ONLY BE USED FOR A SHORT PERIOD OF TIME FOR OCCASIONS APPROVED BY THE PLANNING AND ZONING ADMINISTRATOR.