



City of Lakewood Application

Temporary Sign Permit

SITE ADDRESS _____ ZONE _____

NAME OF BUSINESS _____ PHONE _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS TO MAIL REFUND TO:

_____ CITY _____ ZIP _____

DATE OF INSTALLATION _____ DATE OF REMOVAL _____

PLEASE BE AWARE: TO GUARANTEE RETURN OF YOUR \$100.00 DEPOSIT, SIGNS MUST BE REMOVED AT THE TIME OF THE SPECIFIED REMOVAL DATE ABOVE. SIGNS THAT HAVE NOT BEEN REMOVED BY THE SPECIFIED REMOVAL DATE WILL RESULT IN THE LOSS OF THE \$100.00 TEMPORARY SIGN PERMIT DEPOSIT. AN INSPECTION WILL OCCUR AFTER THE REQUIRED REMOVAL DATE TO VERIFY THE SIGNS HAVE BEEN REMOVED.

PURPOSE FOR TEMPORARY SIGN (s) _____

NUMBER OF TEMPORARY SIGNS _____

LOCATION OF EACH TEMPORARY SIGN _____

ILLUSTRATE BELOW

APPLICATION ACCEPTED AND BOND DEPOSITED _____ DATE _____

RECEIVED BY _____ PREVIOUS PERMITS ISSUED ON _____