

PERMIT # _____

DATE: _____

City of Sparks Temporary Sign Permit

Please Note: Temporary Signs maybe displayed for 10 consecutive calendar days followed by a 90 day waiting period or for 20 consecutive calendar days and a 180 day waiting period. All signs must comply with SMC 20.56.210.

PLEASE PRINT

Address of Temporary Sign: _____

From: ___/___/___ To: ___/___/___ Number of Signs: 1 2

Type of sign, description, and location of display on property:

Applicant Name/ Contact Person: _____

Name of Business/Organization: _____

Phone # _____ Fax # _____

Address if different from above: _____

City of Sparks Business License # _____ Expiration Date: _____

Signature of Applicant: _____ Date: _____

I, the undersigned, have given permission to the applicant for the display of temporary signs as described above.

Name of Property Owner: _____

Signature of Owner/Agent: _____ Date: _____

*Approved by: _____ Date: _____

Title: _____

*If there are any questions please contact the above listed person at: _____