

CITY OF BAY CITY  
TEMPORARY SIGN PERMIT

Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

Street Address or Location of Sign: \_\_\_\_\_

Reason for Sign: \_\_\_\_\_

Dimensions of Sign: \_\_\_\_\_

Requested duration of Sign: \_\_\_\_\_

Date Sign is to be removed: \_\_\_\_\_

Please Attach Sketch of Sign

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I agree to the conditions of approval (if any) for the placement of this temporary sign and agree to remove the sign and any materials used in placement of the sign by the date listed above.

Applicant's Signature: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

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Conditions of Approval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Planning Commission Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_