

SPECIAL USE PERMIT
SIGN L.L. 1-2009, Sec. 637

Applicant Name _____

Date _____

Physical Address _____

Phone _____

Mailing Address _____

Cell _____

City/State/Zip _____

Business/Service Name _____

Phone _____

Permanent Temporary _____ Other _____

Type of Sign _____

Size _____

Location on property _____

Reason for request _____

Commercial Use Residential Use Other _____

Applicant Signature: _____

Office Use: RES:

Property Tax ID _____

Zone _____

Payment \$ _____ Date _____

Officer _____

Annual Special Use Permit NOT Required Expiration Date _____

