

Fee: \$25.00 **Separate Fee:** \$100.00 Deposit

Date Received:	Permit #:	
Temp	orary Sign Application – Deposit Re	fund
	APPLICANT/AGENT INFORMATION	
COMPANY NAME		
ADDRESS OF COMPANY		
CITY	STATE ZIP	_
DESIGNATED CONTACT	T PERSON	
PHONE	EMAIL_	_
FEE OWN	ER INFORMATION, IF DIFFERENT THAN API	PLICANT
LANDLORD NAME		
PHONE	EMAIL_	_
	REFUND INFORMATION	
MAKE CHECK PAYABLI	E TO	_
ADDRESS	CITY	
STATEZIP		
PHONE NUMBER		
Signature of Applicant: _	Date:	
Approved By:	Date:	

Finance Code: 100-3217-324