



Town of Elizabeth

TEMPORARY SIGN PERMIT APPLICATION

TODAY'S DATE: _____

DATE of DISPLAY: _____ to _____ (30-day limit)

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PHONE No: _____ EMAIL: _____

NUMBER OF SIGNS: _____ TOWN PROVIDED SIGNS: YES/ NO

IF NOT USING TOWN SIGNS, PROVIDE DRAWING(S) AND STATE SIZE AND MATERIALS USED (Town Code indicated that signs must be made of durable material. No paper or cardboard signs allowed:

WHERE ARE YOU DISPLAYING SIGNS?

PRIVATE PROPERTY: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____ PHONE No: _____

SIGN LOCATIONS: (No signs are allowed in CDOT right of way / HWY 86 or Town right of ways)

(Signs cannot be placed on property without owner's written permission.)

I acknowledge that I am responsible for removing my temporary signs at the conclusion of the allowed Display period: _____

***** FOR OFFICE USE ONLY *****

PERMIT No: _____

ISSUE DATE: _____

FEE: \$ _____

APPLICATION: APPROVED/ DENIED

CASH/CHECK No. _____

RECEIPT No. _____

REASON/ COMMENTS: _____

APPROVED BY: _____

NOTIFIED: PW/ POLICE YES/ NO