



CITY OF CONOVER

Permit #

# TEMPORARY SIGN PERMIT

Date Issued:	Start Date:	End Date
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Address of Temporary Signage	
Property Address:	PIN:

Applicant(s)		
Name:	Telephone:	Email:

Description of Signage		
Height of Sign:		Notes:
Area (Sq. Ft.):		
Distance From Right-of-way:		

Location of Sign on Address Listed Above:

By placing a temporary sign, the applicant agrees to the following:	
<ul style="list-style-type: none"><li>No signage may be placed in the public right-of-way</li><li>Signs cannot be placed before or after the dates listed on this permit</li><li>Temporary sign identification must be placed on an approved location of the temporary sign</li><li>Placement of a sign outside of the allowed permit specifications may be subject to removal &amp; fines.</li></ul>	
I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all City Ordinances and laws of the State of North Carolina regulating the information submitted.	
Signature of Applicant: _____	Date: _____
Signature of Zoning Official: _____	Date: _____

Questions regarding the placement of signage may be answered by contacting:  
**Planning and Zoning: 828-464-1191      Code Enforcement: 828-464-4698**