City of Sylvan Lake

Temporary Sign Application

Name of Business:			
			Addre
Name	Name of Applicant Telephone:		
Name	e, Address & Phone of Sign Contractor:		
	s Temporary Sign Will be Displayed (max 2 weeks		
	From: To:		
On Se	eparate Page show:		
	 location where sign is to be erected in relation to building, road and distance from the road and building dimension of sign 	3) how & where sign will be attached to building4) drawing showing sign with dimensions	
	Type of sign:		
	Size of existing wall sign and ground/pole sign:	:	
	Lineal footage of building/business:		
	Application fee: \$25 Review Fe	ee (determined by City Manager):	
	• •	•	
	Signature:	Date:	