CITY OF ELIZABETHTON
Building Department
Temporary Sign Permit Application Packet

Sign Location Address: ____________________________________________________  Zoning: ______________________

Application Checklist
- ITEMS BELOW MUST BE INCLUDED WITH APPLICATION SUBMITTAL -

☐   Scale Drawing of all signs
☐   Completed Dimension Calculations for all signs
☐   Square footage of all existing signs
☐   Drawing, digital image, or picture of the sign to be displayed

Sign Permit Applicant:
Applicant Name: __________________________________________  Address: __________________________________________
City: __________________________________________  State: ______________  Zip Code: _________________________
Phone: _______________________________________________  Fax: __________________________________________
Email Address: ________________________________________________________________________________________
Contact Person: __________________________________________  Phone: ________________________________

Sign Contractor:
Sign Contractor Name: _______________________________________  Address: __________________________________
City: __________________________________________  State: ______________  Zip Code: _________________________
Phone: _______________  Fax: __________________________________________
Email Address: ________________________________________________________________________________________
Contact Person: __________________________________________  Phone: ________________________________

Property Owner Information:
Property Owner(s) Name(s): _____________________________________________________________________________
Street Address: __________________________________________  Phone: __________________________________________
City: __________________________________________  State: ______________  Zip Code: _________________________

Display Dates for Temporary Sign: (Not displayed more than 60 days, not renewable for less than 30 days!)
Beginning: __________ / __________ / __________  End: __________ / __________ / __________
Sign Information: (check only one for each section)

- [ ] Wall
- [ ] Freestanding
- [ ] Wall
- [ ] Freestanding
- [ ] Flat against wall or window
- [ ] Hanging in Window
- [ ] Other (Specify):
- [ ] Side of building
- [ ] Front of building
- [ ] Rear of building

Sign Calculations and Dimensions: (show all calculations below in decimal format)

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
<th>Decimal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Width</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Sq. Feet:

Total Sinage Area: _________________________ square feet  **(CAN NOT be bigger than 32 square feet!)**

By signing below, you agree to abide by Title 14 of the Elizabethton Municipal Code which states a temporary sign can have a height no taller than 10 feet, there can only be one temporary sign, it cannot be illuminated, it cannot be displayed more than 60 days (and cannot be renewed until 30 days after the 60 day limit), and must be setback 5 feet from the property line. You also agree to pay a $50.00 permit fee upon submission of this application.

______________________________  ________________________________
Signature  Print Signature

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Submitted: __________________________  File No. ________________________  Fee Paid: _____________________

Planning Approval:

______________________________  __________/_________/__________
Planning Approval Signature  Date

Codes Approval:

______________________________  __________/_________/__________
Codes Enforcement Approval Signature  Date

Comments:

Last Revised: January 2009