City *of* Tigard
COMMUNITY DEVELOPMENT DEPARTMENT

Temporary Sign Permit Application

SITE INFORMATION

Address: _____ City/State: _____ Zip: _____

Tenant/business name: _____ Zone: _____

APPLICANT INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's representative: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION

☐ Same as applicant

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

SIGN INFORMATION

☐ **Balloon Sign**

Install date: _____ (Valid for **10** days)

Sign dimensions: _____

Sign area: _____

☐ **Banner Sign** or ☐ **Lawn Sign**

Install date: _____ (Valid for **30** days)

Sign dimensions: _____

Sign area: _____

I am the property owner or I am eligible to initiate this application, as provided in the Tigard Community Development Code. To the best of my knowledge, all the information provided within this application package is complete and accurate.

_____	_____	_____
Applicant's signature*	Print name	Date
_____	_____	_____
Property owner's signature*	Print name	Date

*The property owner must sign this application or submit a separate written authorization when the owner and applicant are different people.

STAFF USE ONLY

Case No: _____ Application fee: _____ Received by: _____ Date: _____

Approved by: _____ Date: _____ Expiration date: _____