



TEMPORARY SIGN PERMIT APPLICATION

Planning & Building Department

150 East Pearl Ave.
P.O. Box 1687
Jackson, WY 83001

ph: (307) 733-0440
www.townofjackson.com

EVENT NAME:

Event Name: _____ Physical Address of Event: _____

Description of Event: _____

Grand Opening ____ Yes ____ No ____

EVENT SPONSOR/APPLICANT: Name:

Mailing Address: _____ Phone: _____

E-mail: _____ ZIP: _____

Non-Profit: ____ For Profit: ____

TEMPORARY BANNER LOCATION: Consent from Property Owner Required

Business/Description: _____ Business/Description: _____

Physical Address: _____ Physical Address: _____

Dates of Display: _____ Dates of Display: _____

Consent from Owner Obtained? Yes ____ No ____ Consent from Owner Obtained? Yes ____ No ____

Business/Description: _____ Business/Description: _____

Physical Address: _____ Physical Address: _____

Dates of Display: _____ Dates of Display: _____

Consent from Owner Obtained? Yes ____ No ____ Consent from Owner Obtained? Yes ____ No ____

SUBMITTAL REQUIREMENTS. Have you attached the following? Please answer accordingly.

Yes ____ No ____ Illustration of each proposed sign that includes dimensions, colors, materials and type of sign.

Yes ____ No ____ Installation specifications, and any structural details or specifications required for freestanding signs.

Under penalty of perjury, I hereby certify that I have read this application and state that, to the best of my knowledge, all information submitted in this request is true and correct. I agree to comply with all county and state laws relating to the subject matter of this application, and hereby authorize representatives of the Town of Jackson to enter upon the above-mentioned property during normal business hours, after making a reasonable effort to contact the owner/applicant prior to entering.

Signature of Authorized Event Applicant

Date

Applicant Name Printed

Title