

CITY OF ST. ROBERT TEMPORARY SIGN APPLICATION

PART I: APPLICANT INFORMATION

Applicant Name: _____ Status (circle one): Owner Tenant Promoter
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

Applicant Type (circle one): Business Event Charity Event Holiday/Festival Event Trade Show

Describe promotion or event for which signage is being used: _____

Address location of promotion or event: _____

Start date of promotion or event: _____ End date of promotion or event: _____

I hereby certify that I am authorized to represent the business, charity or organization identified in this application and I understand that no temporary signs may be erected within a public-right-of-way, or attached to a utility pole or traffic control device. I further understand that any failure on my/our part to comply with the requirements for which this application has been approved will be cause for the revocation of the permit and immediate removal of all temporary signage. I understand that no temporary signage may be erected without the prior review and approval of the application by the City of St. Robert.

Applicant Signature: _____ Date: _____

NOTE TO APPLICANT: Temporary signs cannot be used for more than 30 consecutive days in duration, and no more than four (4) instances of use during the calendar year. A new application cannot be applied for within 60 days of the previous temporary sign permit that was approved by the City.

PART II: GENERAL SIGN SPECIFICATIONS

1. Type of temporary sign (select one):

- Portable Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Banner Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Inflatable Sign: Length = _____ feet Height = _____ feet Quantity: _____
- Changeable Copy: Length = _____ feet Height = _____ feet Quantity: _____

2. Answer each of the following questions by circling your response to each question:

- | | | |
|---|-----|----|
| (a) Will the temporary sign(s) be illuminated during low-light hours? | YES | NO |
| (b) Will you have permission to erect signs on adjacent property if needed? | YES | NO |
| (c) Have you or a representative filed for a permit at anytime this year? | YES | NO |
| (d) Have you ever had a permit revoked for non-compliance issues? | YES | NO |

PERMIT CLERK USE ONLY

Filing Date: _____ Time: _____ Application # _____ of 4 ID # _____

Approved By: _____ Disapproved By: _____

Zoning District: Commercial Industrial Mixed-Use Public

Note to Applicant: Incomplete applications will be rejected and returned to the applicant. All applications must be submitted to the City of St. Robert Building Permit Clerk for processing.