

City of Mount Airy

Department of Planning & Community Development
 300 S. Main Street, P.O. Box 70, Mount Airy, NC 27030
 P: (336)786-3520 / E: planning@mountairy.org



TEMPORARY SIGN PERMIT

Date _____

PERMIT # _____

Address of property for which permit is requested" _____

Tax I.D. # _____ Zoning: _____ Use Category _____
Map Block Parcel

Property Owner(s) _____ Telephone No. _____

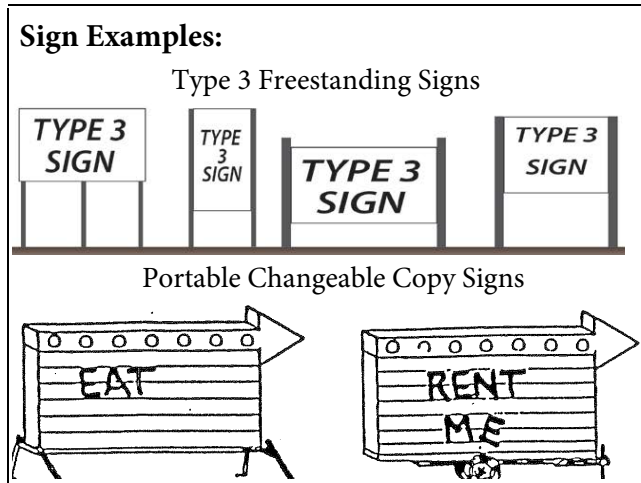
Property Owner Address _____

Applicant(s) _____ Telephone No. _____

Applicant(s) Address _____

Sign Type:
_____ Fk b W 8 M S V Y
_____ Bad ST W 5 Z S Y S T W 5 abk
_____ Manual
_____ 7 W f d U(LED)

This permit authorizes said temporary sign for the following dates:
* Additional usage of said temporary sign on the subject property will require a new permit.



I, the undersigned, acknowledge the receipt of this Temporary Use Sign Permit and agree to abide by all applicable rules and regulations set forth in the City of Mount Zoning Ordinance and City Code of Ordinances.

 Signature Date

ADDITIONAL COMMENTS:

APPROVED BY: _____
 Zoning Administrator Date