



APPLICATION FOR TEMPORARY SIGN PERMIT

	Permit No
Name of Applicant:	Phone No.:
Address:	
Name of Erector:	Phone No.:
Erector Address:	
Address of Sign Location:	
Property Owner:	
Type of sign: Banner/Pennant Po	ortable Future Development Other
Dates sign to be displayed:	to
Supporting Information:	
• • •	on which sign is to be located (if different than applicant). for not more than 30 days in a twelve month period.
I certify that the information contained in t	this application is true and correct.
Applicant's signature	
RETURN TO: Village of Minerva, 209 North	Market St., Minerva, OH 44657 when completed.
For Office Use Only:	
Paid:	Approved:
Receipt No.: Zoning District:	Date: Permit Number:
ZUITING DISTITICE.	remit number.