

**TOWN OF SIGNAL MOUNTAIN**  
**APPLICATION FOR TEMPORARY BANNER**

NAME OF ORGANIZATION		
ADDRESS		
CONTACT PERSON		
EMAIL:	PHONE NUMBER(s)	
TYPE OF TEMPORARY BANNER REQUESTED	New/Relocating Business <input type="checkbox"/>	Advertising <input type="checkbox"/> Special Event <input type="checkbox"/>
REQUESTED DATES FOR DISPLAY	to	
DATE SUBMITTED	APPLICANT SIGNATURE	
PICTURE OR DRAWING OF BANNER	Dimensions: _____ h x _____ w	
Manner and Location of display (front of building, attached to frame placed at...)		
Applicant will be contacted via phone or email regarding approval of the permit.		
<b>FOR OFFICE USE</b>		
Previous permits during current calendar year	_____None _____One _____Two _____Three _____Four	
Size requirement met _____	Time limits met _____	
Safety / Location concerns _____		
Approved _____	Denied _____	
Building Official	Date	Permit #