



IVINS CITY

55 N. Main St. Ivins, UT 84738
Tel. 435-628-0606 Fax 435-656-2286
www.ivins.com

DATE: _____ EXP. DATE: _____ FEE: \$5.00

45-DAY TEMPORARY SIGN PERMIT APPLICATION

Location / Address of Temporary Sign

Address of property for sale

Owner of Temporary Sign

Address of Sign Owner

Phone

APPLICANT AFFIDAVIT

I, _____, do hereby say that I am the owner of the temporary sign. The statements, information, exhibits and any and all plans herein or attached or submitted present the intentions of the applicant and are in all respects true and correct to the best of my knowledge and belief. I do hereby agree to pay all adopted and customary fees of Ivins City relating to this application.

Signature of applicant

Date

Date received:

Application complete:

Signature of Building and Zoning Administrator

Date