



CITY OF BUENA VISTA

TEMPORARY SIGN PERMIT

CITY OF BUENA
VISTA

2039 Sycamore Avenue
Buena Vista VA 24416

NOTE: This permit must be renewed each calendar year (Jan-Dec), if for a recurring event.

APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Email:		Phone:			

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PHYSICAL LOCATION(S) OF SIGN

Address(es):				
If none, describe location(s):				Number of Signs:
Public Right-of-Way?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Describe:		
City Authorization for Location in Public Right-of-Way				

PROPOSED SIGN

Describe size, shape, type of sign, how it will be mounted/displayed, and any wording or images

APPLICANT SIGNATURE

Printed Name:		Title:	
Signature:		Date:	

Zoning Administrator:		Date:	
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Staff Comments: