



PO Box 369
Spring City TN 37381
423.365.6441 phone
423.365.6002 fax

TEMPORARY SIGN PERMIT

Permit Holder Name: _____

Contact Number: _____

DESCRIPTION OF SIGNS:

Permit Date: _____

Expiration Date: _____

City Employee Issuing Permit: _____

**IF ON THE DATE OF EXPIRATION, THE APPLICANT NEEDS TO DISPLAY THEIR SIGNS LONGER, A NEW
SIGN PERMIT MUST BE ISSUED.**

IT IS THE RESPONSIBILITY OF THE SIGN OWNER TO REMOVE ALL SIGNS

DO NOT POST SIGNS ON ELECTRICAL POLES OR UNAUTHORIZED PROPERTIES!

Please sign that you have read and will abide by the above policies

Signature: _____

Witness: _____