OPEN HOUSE SIGN PERMIT APPLICATION

**Contact E-Mail Address:**

**Date of License Agreement:** / / 2019

**Applicant’s Signature:**

)

(

**Contact Fax Number:**

**Contact Phone Number:** ( )

**Name of Applicant:**

**Name of Firm: Address of the Firm / Applicant**:

**Permit Expiration Date:** March 25, 2019

**Approved:**

**Permit Number(s) Issued:**

**Payment Received:**

**Number of Permits:**

**Office Use Only**

**Date of Application:** / / 2019