

**CITY OF ROCKFORD
SIGN PERMIT APPLICATION**

**\$30 Fee Temporary
\$50 Fee Permanent
\$100 if no permit secured**

Date Paid _____

Name of Applicant _____ Telephone # _____

Address _____ Fax # _____

TYPE OF SIGN:

Temporary _____
Free Standing _____
Attached _____

No temporary sign shall be allowed for any one location on any site for more than 30 days for any one permit period and no more than 60 days for any one calendar year.

PROPOSED SIGN LOCATION:

Proposed Location(s) of Sign(s) in relationship to right-of-way/property lines _____

Zoning District _____

DESCRIPTION OF SIGN:

Square Foot Dimensions _____

Materials to be used in construction _____

Electrical Illumination - Yes _____ No _____

FLASHING SIGNS ARE NOT ALLOWED.

All signs shall be securely and adequately fastened and anchored.

I hereby certify that the foregoing information is true and correct to the best of my ability.

Signature of Applicant

City Manager

Permit Issued: From _____ To _____

Please allow seven (7) days for consideration.

ALL APPLICATIONS MUST INCLUDE A DRAWING OF THE PROPOSED SIGN.