

# Town of Troy Temporary Sign Permit



Organization/Business

\_\_\_\_\_  
\_\_\_\_\_

Contact Person:

\_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_

Tel. \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

\*\*\*\*\*

**SIGN:**

Location: \_\_\_\_\_

ETJ : Yes / No

Zoning District: \_\_\_\_\_

Sign Type: \_\_\_\_\_

## Material Type

☐ Wood

☐ Metal

☐ Plastic

☐ Composite

Other (explain): \_\_\_\_\_

\*\*\*\*\*

*ADDITIONAL INFORMATION/DESCRIPTION:*

\*\*\*\*\*

Zoning Admin. \_\_\_\_\_

Date: \_\_\_\_\_

Fee Paid: Yes / No  
Non-Profit: Yes / No

**\*\*SIGN(S) COVERED BY THIS PERMIT MUST BE REMOVED WITHIN 2 DAYS FOLLOWING  
ADVERTISED EVENT.**